

THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

— HAHNEMANN.

VOL. XXV]

JANUARY, 1916.

[No 1.

NEW YEAR.

Once again we have to offer new year's greetings to our numerous patrons, subscribers and colleagues. The past year has not been a very auspicious one, particularly on account of the great Continental War that has cast a gloom over the whole world. But we rejoice to find that the consummation of the war to the victory and glory of the allies against the inhuman ways of the enemies is in sight. We hope we shall be able to conduct our works for the benefit of mankind with greater energy and zeal on the termination of the war. We are glad to find that our English confreres have done much to mitigate the sufferings of our friends who have suffered for us at the front. The establishment of the Homeopathic Hospital at Niueilly in France, has been a decided boon

to the suffering soldiers and it has also helped to prove the efficacy of homeopathic medication. Surgical procedures with homeopathic medication is giving admirable results at the front.

Hoping that the war will soon end and peace restored and that we will all be able to follow our avocations in peace, and wishing prosperity and happiness to our numerous readers, we begin our work for the new year.

J. N. M.

Clinical Notes.

P. C. MAJUMDAR, M. D.,

I.

Babu Ramrati Chunder's baby, about a year old, had an attack of fever and cough on the 1st of August, 1913. Came under my treatment on the 6th of the same month with alarming symptoms. Fever very high, temperature ranging between 104 and 105 F. Mostly worse in the afternoon. Pulse frequent—could not be counted, small and thready.

Perspiration on the head and covered parts.

Temperature did not go down by perspiration.

Respiration very frequent and difficult, almost amounting to dyspnoea.

Cough very dry and frequent ; no sputa, aggravated at night. Paroxysms of cough caused an increase of dyspnoea.

Tongue dry and coated.

Abdomen distended ; stools thin, watery, **green**, mixed with little mucus.

Allopathic treatment was not attended with good results. Milk and whey were given which caused more distention and diarrhoea increased. Belladonna 200, three times a day, on the 7th inst.

8th—Cough was still troublesome but fever reduced almost to normal. Loose cough caused more dyspnoea and the child was almost suffocated ; face blue, gurgling in chest but no sputa could be thrown out. Perspiration copious, caused coldness of body.—Antim Tart 30, thrice daily.

This gave the patient much relief from all symptoms.

Perfect cure was effected without repetition of the medicine ; only three doses were given.

II.

A Marwari young man came under my treatment or diarrhoea ; extreme prostration and anemia.

Stools thin, gushing, yellow and watery.

Attended with colic and tympanitic distention of abdomen.

Aggravation of symptoms in the morning. No stool in the evening.

13th April 1915.—Gave Natrum Sulph 30, one dose, dry on the tongue. Much better, distention great deal less and stools not so frequent.

Placebo three powders.

Continued better for six days. Placebo.

On the 22nd April the patient took some heavy food which caused a relapse. Stools frequent and painless, gushing in the morning, nausea, no thirst; tongue coated.

Pulsat 200, one dose, cured the diarrhoea, but tympanitis remained. Natrum sulph 200, one dose, cured completely. .

III.

A little child, thin, emaciated, had been very bad with obstruction of the bowels.

Suffered for six days and was under a good homeopath.

Abdomen distended like a drum. Colicky pains. No stools, no emission of flatulence.

Slight fever.

Very restless at night.

Pain in abdomen caused much crying day and night.

Retraction of naval.

Plumbum met 200, one dose.

This had the desired effect. The child passed a big, formed stool, and there was much evacuation of flatulence also.

This is a very interesting case.

IV.

A young European lady, complained of pain in the upper extremity on the right side. Trembling of hand and fingers.

Addicted to much drinking.

Pain of a burning, sticking character, aggravated by the use of hands and playing on piano.

Perspiration on the affected parts.

Menstruation all right, pain absent, quantity of discharge almost normal.

Bowels regular.

Nux vom 30, one dose, morning and evening, No effect.

Followed by Gelsemium 30. The same fate.

Zincum met 200, one dose, followed by much relief. No medicine, placebo were given from time to time and the patient was cured.

V.

A young sweetmeat-seller at Darjeeling complained of pain in abdomen and high fever. Pain of a sticking and cutting character.

Greatly aggravated by least movement and slightest touch, even the bed covering was unbearable. Lying in recumbent posture.

Fever with hard chill and much thirst. No perspiration, Aggravated in the mid-day.

Bowels constipated and tympanitic distention of abdomen. Passed wind occasionally without any relief.

The patient was despondent and irritable.

Allopathic doctors diagnosed the case as peritonitis, did their best, but could not give any relief. The patient thought he would not be cured.

I was called on the 13th of May, 1915. After a thorough examination I thought it to be a very bad case.

I gave him Bryonia 30, three times a day, for two

days. Temperature was reduced and bowels moved but far from being well. Gave zoo without any effect.

No medicine for one day. The same. Pains rather increased.

A dose of Colocynth 30, three times a day, cured him in four days.

REPERTORY OF HÆMORRHAGE.

Hæmorrhage takes place before, during and after parturition. Here is a repertory for the convenience of physicians.

Sensation as of something alive in the abdomen—Crocus sat.

Cutting across the abdomen from right to left, better by flow of blood—Lycopod.

Cutting pain about the umbilicus—Ipecac.

Hæmorrhage profuse during abortion—Arnica, Chamom, Ipec, Pulsat, Sabina, Sepia, Secale, Viburnum op and Lillium tig.

After abortion Bellad, Chamom, China, Cinna-mom, Crocus, Erigeron, Ferrum, Hyoscyamus, Ipecac, Kali carb, Lycop, Nitric acid, Platina, Sabina, Secale, Silicea, Trillium.

Hæmorrhage attended with labor-pains—Pulsat,

„ with anxiety—Aconite and Hamam.

„ appearing suddenly and disappearing suddenly—Bellad.

Hæmorrhage with bearing down pain—Bellad, Chamom, Cimicifuga, Kreasote, Lac c. and Secale.

Black blood—Cham, China, Croc, Ferrum, Kreasote, Platina, Pulsat, Secale and Sulphur.

Bright red blood—Arnica, Bellad, Calc c, Cinnamonom, Eriger, Ferrum, Ipecac, Lac c, Lycop, Millifol, Nitric acid, Nux vom, Pyrog, Rhus tox, Sabina, Viburnum.

Bright red blood with clots—Trillium.

Bright red blood hot—Bellad, Lac c.

Blood changeable in character—Pulsat.

„ coagulated—Arnica, Bell, Cham, China, Coffea, Crocus, Ferrum, Nux vom, Plat, Pulsat, Sabina, Secale, Stramonium and Trillium.

Hæmorrhage with colic—Ferrum, Nux mos, Nux vom, Rhus t.

Continuous flow—Apocyn, Arnica, Carbo veg, Hamam, Hyoscyamus, Ipecac, Millifol, Phos, Secale, Ustilago.

Fear of death—Acon, Coffea, Nux mos.

From general debility—Aletr. F, Arsen, Caulop, China, Ferrum.

Hæmorrhage from violent emotion—Acon, Bellad, Bry, Chamom, Cocculus, Crocus, Hyoscy, Phosph, Platina, Pulsat, Sepia, Stramonium and Sulphur.

From mental excitement—Calc, Ignat, Nux vom.

Cold extremity—China, Laurocerasus and Trillium.

With faintness—Apis, Apocyn, Bry, China, Crocus, Ipecac, Kreasote, Lycop, Nux mos, Sulphur.

Hæmorrhage from fifth to the seventh month—
Sepia.

„ first month from overheating—Crocus.

Fetid blood—Chamomilla, Crocus, Secale and Trillium.

Frequent attacks, almost well and then return—Kreasote, Nux vom and Sulphur.

With sensitiveness of genitals—Coffea and Platina.

„ Pain in groin—Coffea and Sepia.

„ Headache—Bellad, Ferrum and Ipecac.

„ Congested head—Bellad, Ipecac.

„ Anxiety about the heart—Plumbum.

„ Flushes of heat—Sepia, Sulphur.

Hot blood—Belladon, Lac can.

Intermittent flow—Apocy, Chamom, China, Erigeron, Kreasote, Nux vom, Phosph, Sabina, Secale, Sulph, Ustil.

With irritability—Hyoscyam, Nux vom.

Worse from least movement—Bellad.

After labor—Acet ac, Arn, Bell, Bry, Caulop, Cham, China, Croc, Erigeron, Ferr, Hamam, Hyoscyamus, Ipecac, Kali c, Kreasote, Lach, Millif, Nitric ac, Nux mos, Nux vom, Platina, Sabina, Secale, Trillium, Ustil.

After difficult labor—Phosph, Arnica.

After hasty labor—Caulophylum.

After instrumental labor—Arnica.

After protracted labor—Arnica Secale.

Pain in the loins—Ferrum, Iodium.

Worse from motion—Argent nit, Bellad, Bryo, Calc, Coff, Crocus, Eriger, Plumbum, Sabina, Secale, Trillium, Ustil.

With nausea—Apocy, Arnica, Bry, Ipecac.

Offensive blood—Bellad, Cham, Croc, Crotalus, Kreasote, Sec, Ustil.

Ulcers on os uterie,—Nitric acid.

With congestion of ovaries—Iod, Lachesis.

With labor-like pain—Cimicif, Ferr, Lycop, Rhus tox.

Painless hæmorrhage—Bovista, Calc c., Croc, Ham.

Magnes c, Millef, Nux m. Platina, Sabina, Secale.

Pale blood—Carbo v, China, Ferr, Hyos, Merc, Millef, Sabin.

Periodical flow—Argent nit, Ipecac.

After removal of placenta—Bellad, Cinnam, Ipec, Puls, Secale.

Retained placenta—Bell, Canth, Caulop, Pulsat, Sabina, Secale, Sepia, Stramon.

During pregnancy—Cocculus, Croc, Kali c, Kreasote, Phos, Puls, Rhus tox, Sabina, Sepia.

Pulse feeble—Apoc, Carbo v, China, Ipecac, Kreasote.

Restlessness—Apis, Opium, Pyrogen.

Hæmorrhage after each stool—Iod, Lycop, Nux v.

„ at the 3rd month—Croc, Kali c,

Kreasote, Sabina, Thuja.

Vagina, flatus from—Nux m., Brom.

Weeping—Ignat, Phos.

Women, phthisical—Mille f, Phos.

With yawning—Apis, Ignat.

NOTES OF SOME CASES FROM THE FRONT TREATED AT THE PHILLIPS MEMO- RIAL HOSPITAL, BROMLEY, KENT.

BY H. WYNNE THOMAS.

In October we began admitting soldiers to the Phillips Memorial Hospital. The first batch consisted of twelve Belgian wounded, so-called, but only one in reality had anything to show. A shrapnel bullet had entered 2 in. above the elbow and passed out 4 in. above inner condyle; the wounds were nearly healed, the injury being five weeks old. The other cases were mostly convalescent from rheumatism, exhaustion, dyspepsia. A few days later Dr. Ashley Bird brought his ambulance train to Bromley with seventy English Tommies; fourteen were allotted to us. These had been brought over direct from the field of battle, and had first dressings on.

One soldier was carried in his stretcher from the train, seemed very exhausted and groaning with pain. A shrapnel bullet had entered in front of the left clavicle and passed through the lung and pleura. Fortunately, I could feel it beneath the skin close to the first lumbar spine; this I was able to remove with ethyl chloride spray. As his cough was troublesome and he was spitting blood freely, I gave him a hypodermic of morphia, which enabled him to pass a fair night. Two days later, as his breathing was getting more laboured and the heart was becoming pushed over towards the right side, I aspirated and drew off

25 oz. of blood, with much relief to him. His temperature for about a week gave cause for anxiety, keeping about 100.5° F., but fell steadily afterwards. Phos. 6c. seemed to help him, and when changed for ipec. 3c. he asked for the first medicine, which he said relieved him so much. I gave him one subcutaneous injection of streptococcus vaccine (Lister) on the fourth day.

A 2nd Dragoon Guard came in with a comminuted fracture of the lower end of the tibia, with much swelling and redness of the ankle and foot ; on removing the dressing some horribly offensive pus escaped. Under chloroform the wound was enlarged and a shrapnel bullet extracted from the back of the leg, together with some loose pieces of bone and bits of stocking. The wound was daily syringed with peroxide of hydrogen and calendula, and dressed with boracic fomentations, frequently renewed. His temperature, which was 103° F. on admission, soon fell to 99° F. After some weeks, as the wound refused to heal, the tibia was exposed and some small pieces of bone removed, and the bone thoroughly scraped and the leg fixed in a plaster case. After several weeks it healed, only to break down again, a probe easily passing to the centre of the bone. Again he was anæsthetized, and Mr. Shaw made another free opening in the tibia, and the limb was fixed up in a silicate case for six weeks, after which the leg was massaged and some adhesions broken, but the sinus would not heal. Strong carbolic, nitrate of silver, calendula,

peroxide, were not of any avail. In the end daily syringing with 10 per cent. hypertonic salt solution gradually healed the sinus, and he went out with a sound leg and able to walk without a stick. Whether he will be able to return to his regiment is doubtful, as there was a large piece of tendon sloughed off at one time.

Another soldier, who was admitted two days after being wounded at the front, had a large brawny swelling, with two ragged wounds from a bullet which had entered behind the left shoulder and came out near the angle of the right scapula. The whole of the back down to the crests of the ilia was black from ecchymosis. The wound had almost healed, and the patient was going home the following week, when, unfortunately, he was again shot in the back. He went with some other men to the shooting range at Sundridge Park, and while stooping to fix a clear target at the 50-yards range, was shot with a .22 bullet. Thinking the foreign body was in the back, he was put under an anæsthetic, and a probe seemed to locate the bullet a little to the right of the spine; however, on enlarging the incision, it proved to be the transverse process of the first or second lumbar vertebra. The wound was therefore closed and the man returned to bed. He was sick once during the night, but next morning felt very faint and vomited twice, complained of pain down the inner side of the right thigh and some tenderness in abdomen; there was some rigidity of the right rectus, and he was thirsty. Sus-

pecting some injury to the bowel or internal bleeding, I asked Mr. Swan of the Herbert Hospital, Woolwich, over to see him. The man was removed to Woolwich in an ambulance, and a localized X-ray photograph taken. The first negative was not satisfactory, and then the electrical apparatus went wrong owing to the fusing of a wire. However, as he was no worse after the journey, no exploratory operation was called for, and after starving for two days he gradually got on to ordinary diet, but phlebitis, first in the right leg and then in the left, kept him in bed for several weeks. Three unsuccessful attempts were made to get a satisfactory X-ray photograph. He appeared to be one of those rare opaque cases that some radiographers have mentioned, but the first out of many thousands that had been seen at that hospital. Where that bullet went to is likely to remain a mystery.

Bullets often seem to take very mysterious paths, and leave uninjured important structures which it appears almost impossible to miss. In one case I had a shrapnel bullet entered just to the inner side of the left shoulder and lodged in the supra-spinatus muscle; how it missed the clavicle, blood-vessels and nerves I do not understand. Another case was where a shrapnel bullet entered just below the anterior spine of the ilium and lodged on the inner side of the thigh in the gracilis, about 2 in. below its origin; this I removed on the second day after admission, being the tenth day after being shot. Two days later I had an

urgent summons, as blood was spouting from the wound. The sister was controlling the hæmorrhage by digital pressure of the external iliac artery. Under chloroform the clots were cleared out from the wound and sinus, and a free incision made over the femoral artery. The bleeding point was not discovered, but packing with iodoform gauze in this site stopped the hæmorrhage, and the wound healed up without any more trouble.

Nearly all wounds from shrapnel are infected and have to be treated as such. At first I used peroxide of hydrogen and calendula lotion, but I find I often get better results from hypertonic salt solution.

Conical bullets leave much cleaner wounds unless they shatter a bone, and often the wounds close up, heal right away and need only dry dressings.

One soldier came in with a slight wound in the lower and outer side of his thigh, which healed in a few days; he then complained of rheumatism and swelling of his knee-joint. Under X-rays a conical bullet was seen, nose pointing upward; it was evidently a spent bullet that had gone in blunt end first. The bullet was extracted and the knee soon regained its normal condition, and he was able to walk quite well in a short time. If the bullet had been shrapnel, I doubt if he would have got off so easily.

A CASE OF INTUSSUSCEPTION IN A CHILD OF SEVEN MONTHS ; OPERATION : RECOVERY.

By H. J. W. BARLEE, M. D.,

Physician to the Tunbridge Wells Homœopathic Hospital,

AND

C. KNOX SHAW,

*Consulting Surgeon to the Tunbridge Wells Homœopathic
Hospital, &c., &c.*

MARJERY J., an extremely healthy-looking baby of 7 months, was seen by Dr. Barlee on the morning of July 6, 1915. Her mother said that the baby had been in pain all night, such pain that it had been difficult to hold her, she nearly jumped out of her arms ; at the same time she had been very sick, vomiting off and on all the time. She had also passed, *per rectum*, a good deal of almost pure blood, in fact, there was rather a lot of it on her own clothes, her mother's, and the bed-coverings. The napkin contained a slimy, bloody, greenish stool. The grandmother acknowledged having given the baby a dose of castor oil. She said that she had had eleven children and should know how to bring them up, and thought the oil would do the child good. The stool was the result. On palpation one could feel a lump about 2 in. long lying across the abdomen just above the umbilicus. Later on in the day, the symptoms being unrelieved in spite of enemata of various kinds, she was admitted

to the Hospital, and late that night Mr. Knox Shaw came down and saw her. The one abnormal point about the case, in the first instance, seems to have been the rather large quantity of blood which passed *per rectum*, but the dose of oil may have contributed to this by causing the little patient to strain more than she otherwise would.

By the time Mr. Knox Shaw arrived the abdomen had become somewhat tympanitic; the child in her quiet moments looked the picture of health, but when seized with paroxysmal pain appeared anxious and drawn. An oblong mass could be felt in the abdomen running obliquely a little above and to the right of the umbilicus, palpation causing a paroxysm of pain. Nothing abnormal could be felt *per rectum*, but there was blood-stained mucus on the withdrawal of the finger. An immediate operation was decided upon.

A vertical incision was made through the right rectus, and on opening the peritoneum some free fluid escaped. The cæcum was first brought to the surface and found to contain an intussusceptum about 4 in. long, which was slowly and carefully reduced, and then many considerably enlarged glands were found scattered throughout the mesentery, one of which was at the seat of the ileocæcal valve, and may have been the exciting cause of the intussusception.

The day after the operation the temperature went up to 102° F., but came down gradually to normal. The mother, who had been nursing her baby up to the time of its admission, unfortunately, was so upset by the

sudden illness of her child that she lost most of her milk, so that the baby had to get accustomed to being bottle-fed, otherwise she made an excellent recovery, and is now well. Since the operation Dr. Barlee learnt that the baby was habitually wheeled out by a tuberculous girl, so that it is possible that the mesenteric glands that were found were the result of infection from that source, as the parents were very healthy.

—*The British Homœopathic Journal.*

• •

THE GERM THEORY.

Whether the "germ theory"—on which "scientific medicine" is based, even if it is only a theory—leads to the "funny house" or to the Olympic heights of science, is a question. According to the *Lancet* "Professor Bertarelli argues that if gametiferous human beings are the only source of infection for the mosquitoes, it would follow that if these sources are eradicated, malaria would cease by automatic necessity."

Among the unlearned there exists an uncertainty as to the meaning of "gametiferous." The dictionary dodges the matter by defining the word with another that is worse, namely, "zygosore." We are of the opinion that the best definition would be "a human game preserve," for, according to the learned professor, human beings are poached on by the mosquito who capture the *plasmodium virox*, *præcox*, or some other member of the tribe, which gives them malaria, chills

and fever, or ague, as you prefer and then innocent anopheles pass it along to other human beings, and they, in turn, return the compliment, and so on *ad infinitum*, an endless game of battledore and shuttlecock. Hence the doubt between the "funny-house" and the Olympian heights. In favor of the scientific medical theory is the very old doctrine of "original sin" ; but the trouble is that the scientists—or otherwise—with one accord reject it, even though, scientifically speaking, there is some ground for it, because if man originated the disease, as follows from their argument, he must have been the original sinner. If this be true of malaria it must be true of all other diseases, from which it follows ; again, that scientific medicine and Calvinistic philosophy must ultimately join hands and merge, which raises other questions too fearful for light-weights to face.

That Professor Bertarelli but voices the idea prevailing among those headed for Olympus, or elsewhere, is demonstrated by the opening clause of an editorial, headed the "Control of Malaria," in the very respectable and orthodox *Therapeutic Gazette*. It reads :

"The control of malaria in any given locality is entirely practicable, nor is it unduly expensive. It is based on prompt recognition and immediate sequestration from mosquitoes of each individual afflicted by the disease, and a filling in, or at least oiling, of all breeding-places for the pest."

In other words, each sick man, woman or child is

a cause of disease and must be "sequestered," that is to say, put under control of medical officials, hence the necessity of a Medical Cabinet in the Government, hence the ever popping up Owens' Bill, which is quite right if its premises were right. Its premises are given in the foregoing quotations. Can any sensible man swallow them?

—*Homeopathic Envoy.*

ON CEANOTHUS AMERICANUS IN ITS RELATIONS TO DISEASE OF THE SPLEEN.

BY THE LATE J. COMPTON BURNETT, M. D.

(*Continued.*)

My next case is also one of *Chronic Hypertrophy of the Spleen*, though only about half the size of the one just narrated. Subject : a poor woman of about 30 or 32 years of age, whom I was requested to see by a very kind-hearted benevolent lay minister. She is the mother of several children, very poor, ill-fed, and over-worked, but withal a good, respectable woman, and very clean. She had a considerable and very painful swelling in the left side under the ribs, that had been there for some time, and latterly she could not get up on account of the severe pain. I carefully examined the tumor and satisfied myself that it was a very much swelled spleen, and the pain seemed to me to be due to its pressing against the ribs. I marked

its size on the skin with ink, made her engage not to wash off the ink mark, and promised her I would call in a week, having first prescribed *Ceanothus* as in the other cases. But the fates were against my laudable plan, for I received a message, the day before my next visit was due, to the effect that Mrs. — felt herself so much better that she was up at her housework, and begged me not to call again, as she thought it unnecessary.

Since then I have at times had cases of deep-seated pain in the left side to treat; and have mostly found it yield to *Ceanothus*, though not always. In one case in which it failed the pain was cured with *Berberis vulgaris*.

In one case of jaundice, characterized by very severe pain in the *left* side, I gave *Ceanothus*, with very prompt relief of the pain only; *Myrica cerifera* then finished the icterus. Before giving the *Ceanothus* I had given *Chelidonium majus*.

In one case of severe meorrhagia characterized by pain in the left hypochondrium, *Ceanothus* gave instant relief to the pain, and checked the hæmorrhage. It failed me in a subsequent similar attack in the same person, when *Conium* was effective.

Chronic Splenitis, Chills, and Leucorrhœa.—Some four years since, perhaps a little more, I treated a lady of about 55. She complained of rigors at frequent intervals, and pain in left side, both of long standing.

The leucorrhœa had lasted some twenty years, and was profuse, thick, and yellow. She had been for

years under the best allopathic physicians of her native city, and finally given up as beyond the reach of medical art, evidently on Moliere's principle that "Nul n'aura de l'esprit que nous et nos amis." Nevertheless, the patient bethought her of Homœopathy, and came under my care. Her last physician had finally suspected cerebro-spinal mischief, and hinted at incipient paralysis.

The pain in the side was the most prominent and distressing symptom, and for this I prescribed *Ceanothus*. In a month the pain was entirely cured and also the leucorrhœa, while the cold feeling was very much diminished, but not quite cured. I have also never succeeded in quite curing it with any subsequent treatment. I watched the case for nearly four years, and am thus enabled to state that the pain in the side and the leucorrhœa never returned, and the chilliness never again became very bad, but still she had it a little when I saw her last.

CASES OF ENLARGED SPLEEN MISTAKEN FOR HEART DISEASE.

A few years ago I was attending some of the members of a family of position in London, and at my various visits I occasionally heard of an invalid daughter of the family suffering from a hopelessly incurable disease of the heart, for which she was said to be under a West-End physician, who was thought to devote himself especially to diseases of the heart. The heart was said to be enormously enlarged, and the patient had had to give up first dancing and then

hurrying, and finally she was only allowed to walk very slowly and carefully, lest the hugely enlarged heart should rupture. Several physicians had examined the case, and all were agreed as to its cardiac nature. I had never seen the young lady, and took no particular interest in the frequent narrations of her heart troubles; they are common enough. Time went by, and the mother used to speak of her "poor invalid daughter," with increasing despondency, finishing up one day with the remark that the unfortunate girl was no longer allowed even to walk, as the doctor considered even that now fraught with danger. "Is it not sad?" said she. "Would you like to see her?" I declined, saying, I never cared about seeing other physicians' patients.

More time elapsed, and finally I was requested to take the case in hand. I demurred at first, because such hopeless cases are as unsatisfactory as they are painful.

At last I consented to take over the case, and I appointed a time to call and examine the patient.

During all my professional life, I have rarely been more taken aback than I was after I had made my examination of the patient, for I found the heart not only not enlarged, but of the two rather abnormally *small*, although apparently the cardiac dullness extended a foot down the left side. But this dullness on percussion was due to an *enlarged spleen* which pushed up the diaphragm and left lung by its bulk, till the heart and the spleen gave one continuous dull

percussion note. Patient had many genuine symptoms of real heart disease—dyspnœa, palpitations, inability to lie on the left side, faintness—but these were due to the mechanical hindrance to the heart's action produced by the spleen bulking upward so much.

That young lady I met three weeks ago looking blooming, and as agile as possible, and she has done her share of dancing, tennis, etc., for some years.

Ceanothus Americanus cured the enlargement of the spleen for the most part, though it swelled again two or three times at some months' intervals, and *Ferrum phosph.*, *Conium*, *Thuja*, *Berberis*, and other splenics, came into play before patient was really well. Looking at the case now with the advantage of wider experience and more matured views of biopathology, and with the patient fully six years under my observation, I regard the affection as a primary disease of the leucocytes due to vaccinia infection, the spleen being disturbed secondarily, and then the heart mechanically. I am confirmed in this view by the fact that the spleen would not leave off swelling up at certain times till I had cured the vaccinosis. That prince of splenics, *Ceanothus Americanus*, readily cured the splenic engorgement, but did not touch the blood disease which caused it. This is the inherent defect of organopathy, that it is not sufficiently radical in its inceptive action, but the like remark applies to every other pathy more or less, because the primordial cause is more or less elusive, and generally quite beyond positive science, which

only admits of what it knows, and will not seek to encompass the unknown by the processes of thinking and reasoning. Because in former times philosophy made science impossible, the votaries of science now round upon philosophy, and sneer it out of view. To trace back proximate effects to remote causes is now ridiculed in medicine because *mere* science is productive of gross-mindedness, incapable of following the *fine* threads of the higher perception.

—*Homeopathic Envoy.*

CONSTIPATION IN EARLY LIFE.

BY CRAWFORD R. GREEN, M. D., Troy, N. Y.

Constipation in early life is not only one of the most difficult conditions to manage, as is generally acknowledged, but it is also probably the most neglected of all conditions in proportion to its importance. A gastric disturbance, a skin eruption, a bronchial cough will upset a household and evoke prompt measures for relief ; but an habitual constipation, the results of which may easily be of far greater importance than those of all three such conditions, quite frequently receives no consideration beyond the employment of enemata, suppositories, and castor oil.

In the past few years we have gained a vast amount of useful knowledge concerning the deleterious effects of the constipated habit in adult life. The lay mind is gradually becoming educated with regard to the far-reaching effects of auto-intoxication from this cause

and is acquiring an appreciation of the irrefutable fact that good health depends in a large measure upon the free elimination of waste material from the intestinal tract. It is, therefore, a singular fact that so many of those who are the best informed upon this subject give it scant attention when it has to do with infancy, and make but little effort to attain a proper understanding of the causes and effects of the condition in early life. Somehow constipation in infancy is considered by many to be merely a minor matter that will be outgrown, provided the baby is otherwise well. On the other hand, there are many who do apply to their children their fears of auto-intoxication (though they do not know it by its name), and are continually dosing them with purgatives even when the bowels are normal. These castor oil babies are like their adults who are continually taking salts, preys of pernicious habit! It ought to occur to any one that if a perfectly normal intestinal tract needed castor oil twice a week to keep it normal, nature would have put the oil there in the first place and would not have made it necessary for us to buy it at the drug-store and pour it down the child's throat !

It is true that constipation in certain cases does have to be outgrown. After birth the large intestine rapidly becomes longer in proportion to the length of the body and this condition continues until near the end of the second year when it is often four or five inches longer than the body. When the child is 3 or 4 years old, however, conditions will have changed so

that the large intestine is 5 or 6 inches shorter than the body. It follows that this great length of the large intestine in infancy must result in many folds and turns and kinks which necessarily make it difficult for the intestinal contents properly to be evacuated. But as the child grows older the rapid growth in length of the abdomen straightens out these folds and kinks and thus nature removes this cause of constipation. . .

The detrimental effect of constipation in childhood is at least as great as it is in adult life. The causes may differ and the results may vary, but in each case it should be considered with equal concern. Familiar phenomena of intestinal auto-intoxication such as colic, flatulency, anæmia, loss of weight, periodic attacks of vomiting and convulsions are frequently traceable to no other cause than constipation. In addition to this usual picture, constipation in early life may result in eruptive diseases of the skin, prolapse of the rectum, swollen glands, interference with the action of the diaphragm, and disturbances of the heart and visceral circulation. Constipation may result so definitely in malnutrition that the baby becomes positively marantic. It frequently produces severe attacks of vomiting, repeated convulsions, and screaming from the intestinal disturbances resulting therefrom. Very often we search for an obscure cause for these conditions when the only cause, constipation, stares us in the face. For whatever suffering these effects of constipation during early life may be responsible, the eradication of the

cause is essential to subsequent health. Habitual constipation follows a direct path to chronic invalidism and sows the seeds of premature senility.

The cause of constipation is not always easily ascertained nor its certain removal easily attained ; but in the vast majority of cases an intelligent understanding of the subject will lead to immediate or final cure. In infancy, constipation is far more common among the artificially fed than among the breast-fed, but it does appear in the breast-fed with considerable frequency. In most of these cases there is some disproportion of the elements of the mother's milk which produces the constipation, but in other cases there may be most persistent constipation, and yet an analysis of the mother's milk shows it to be absolutely normal. The mothers of these latter babies are almost always habitually constipated and it is assumed that in the infant there exists an atony of the intestinal musculature of an hereditary type. If the constipated infant be breast-fed, the mother's bowels should be regulated, she should take regular exercise, her milk should be carefully analyzed, and her diet should be regulated according to the results of the analysis. Her milk may be either deficient or too rich in fat, either of which condition may produce constipation. It is usually considered that it is a deficiency of fat that is the cause of most of these cases. The writer has analyzed the milk of many mothers of constipated breast-fed children and found that by far the greater number of them secreted milk altogether too rich in

fat, and that the constipation of the babies was due solely to fat indigestion. In cases where the fat is moderately deficient or where it is increased, the condition can usually be improved by adding or removing fats, sugars, and starches to or from the mother's diet as the case may demand. In cases where this treatment will not altogether suffice, the appropriate use of fruit juice, of olive or paraffine oil, or the giving of an ounce of oatmeal water before each feeding may prove of considerable service. Pineapples eaten freely by the mother will often have a very desirable effect upon the infant's bowels. It is generally considered desirable to give the breast-fed baby one bottle daily of an artificial food in order to accustom the baby to taking a bottle, which is most desirable in case weaning becomes suddenly necessary for any reason, and also in order to give the mother greater liberty of action. In the case of a constipated baby who receives one bottle a day in this manner, the substitution of a bottle containing malted milk in the proportion of 4 tea-spoonsful dissolved in 8 ounces of hot water is indicated. This food, given in this way, provides adequate nourishment, and the maltose has a very desirable laxative effect.

In the bottle-fed infant the correction of constipation in the majority of cases depends, as in the case of the breast-fed, upon an exact understanding of the component parts of the baby's dietary and their effect upon digestion and metabolism. Sometimes constipation is the result of a deficiency in the amount of

sugar, sometimes a deficiency in the amount of fat, sometimes a deficiency of water. The largest number of these cases, however, are the result of fat indigestion. There can be no doubt that a very large proportion of bottle-fed babies are fed on altogether too high percentages of fat, and one of the earliest results of such feeding is the production of constipation. These infants may or may not have a normal number of evacuations, but the stools are pale gray in character and so dry that frequently they roll off the diaper without staining it, they are passed with difficulty, and the urine is ammoniacal and stains the diaper. In the cases due to a lack of sugar, fat, or water, or to an excess of fat, the indication is clear—to correct the error. In some cases this is all that is needed ; but in many others the constipated habit is so firmly fixed before dietary correction is undertaken that other measures are necessary in addition.

While in many cases the indications for a given corrective treatment are obvious, in others we can bring no definite knowledge to bear upon the subject beyond empirical recourse to a number of different methods that have proven their worth. The use of oatmeal gruel or jelly as a diluent in the milk mixture is one of the most common and efficient methods of treatment. It is often asserted that the use of cereals as diluents previous to the fourth or fifth month is not permissible. Experience teaches, however, that in many cases cereals are digested and well borne in the very first weeks of life. It is likewise considered by

many that the fifth month marks the time when fruit juices should first be given. With many habitually constipated babies of four or five weeks, from one half to one teaspoonful of orange or pineapple juice, on an empty stomach, acts admirably as a laxative and without the slightest unpleasant effect. Prune juice is often useful, as in the liquor obtained by boiling two figs in two ounces of water.

The use of sugar or malt preparations is frequently of service. A 5 per cent sugar solution in water will sometimes act admirably, or, as recommended by Still, the substitution of brown Demerara sugar in place of milk sugar. The substitution of one bottle of malted milk for one of the regular feeding formula is often used by the writer with good results. In other cases in very young infants good results follow the use of one half teaspoonful of malt extract or one teaspoonful of Loefflund's malt soup to every feeding. The results from malt soup require particular study, for while one baby will have excellent results from one teaspoonful added to one feeding daily, another may require one teaspoonful in every feeding.

In children over a year old even better results can be obtained through attention to the diet alone than in infancy because of the greater variety of the diet. Children between one and two are especially apt to be constipated from being kept on a too restricted diet. These children should be given purees of green vegetables such as peas and spinach, and their diet should include cereals of various kinds, especially wheatena,

hominy, oatmeal, corn-meal, grannum and rusk. Whole wheat bread and bran biscuits are of frequent service, as are also fruit juice, meat broth and beef juice. Reducing the milk and giving 3 or 4 ounces of thin cream often benefits at this age. All fermented milks are laxative, but they cannot be given in large amounts without producing colic. • Prunes stewed to a jelly in sugar and water are very useful. It must be remembered that bread, macaroni, potatoes, and most of the starches tend to constipate. It should also be borne in mind that many children are constipated solely because they do not drink sufficient water.

Drug treatment should be avoided as far as possible. Castor oil, calomel and salts should not be given for constipation, for they are cathartic in action and merely tend to aggravate the condition. Many a case of habitual constipation in adult life can be traced directly back to the continued and needless administration of cathartics in early life. Any one who sees a large number of children constantly witnesses exhibitions of almost unbelievable stupidity in this regard. When drugs do seem necessary, they should always be selected with a view to securing a continued tonic effect upon the intestinal musculature. During the first half year the milk of magnesia, one teaspoonful added to a morning bottle or given before nursing, is sometimes an excellent corrective. It is particularly useful if the infant suffers much from colic, but it should not be used longer than necessary. Aromatic fluid extract of cascara sagrada, ten to thirty drops,

has an excellent tonic effect and gives valuable service in many cases. In the writer's experience, cascara in thirty drop doses every second or third night has given particularly good results in the second year of life. In older children a teaspoonful of maltine with cascara sagrada to be given in the morning, or phenolphthalein, one half or one grain, preferably administered in the form of a sweetened wafer, gives much benefit. In older children also, powdered agar-agar, 3 to 4 teaspoonsful mixed with cereal, is frequently of service.

(*To be continued*)

—*The New England Medical Gazette.*

THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

—HAHNEMANN.

VOL. XXV.]

FEBRUARY, 1916.

[No. 2.

DIPHTHERIA.

Some poison is introduced into the system and produces inflammation and ulceration of the fauces and throat generally. It is called Diphtheria.

Causes. It is a specific disease caused by the Klebs-Loeffler bacillus. It may be introduced into the system by inhaling the diphtheritic exudation from an infected person. It is very contagious and infectious in nature. The eminent surgeon Dr. Cutcliffe of the Calcutta Medical College died of the disease by the contact of the membrane in his own person from one of his patients.

Children are more affected than adults. It is a disease of the cold climate. It often appears in epidemic form, and is more frequently met with in schools and asylums.

Symptoms are local and constitutional. The latter symptoms appear first and then the whole nervous system is affected. The throat is affected later on. Chilliness, weakness, anorexia, nausea, diarrhoea, headache and sleepiness are the prominent symptoms in the beginning. They are soon followed by fever and slight sorethroat.

It is divided into many forms.

First, mild form. Throat is inflamed, with some swelling and pain. Fever not very high. This form of disease is not serious and is soon cured.

Second, inflammatory form. Fever high, the patient becomes extremely weak from the first. Throat is highly inflamed, tonsils and uvula enlarged. Exudation has commenced and tough membrane is detected. This is known by the name of false membrane. Putriferous changes take place. Gradually it is extended to the larynx and bronchi and difficulty of breathing is a prominent symptom. Glands in the neck are swollen.

The third is an insidious form. The symptoms are not well developed, slight sorethroat, breathing is suddenly involved and death takes place suddenly. When the disease invades the nasal cavity, it is called nasal diphtheria.

There is also an æsthenic form. In this the nervous prostration appears from the beginning. The fever assumes a typhoid character. Pale face, body filthy, high temperature, quick and small pulse. Heart

is weak. Tongue dry and yellow and at last delirium supervenes and death is the result.

In about 3 days after the inception of the poison on the system, a grayish membrane begins to show itself on the tonsils. Within few hours after this it spreads over the tonsils, uvula and soft palate. In favourable cases this membrane is gradually thrown off and the patient recovers. But in serious cases and if proper homeopathic treatment is not resorted to, death closes the scene in 3 to 5 days.

In many cases post diphtheritic paralysis takes place.

• •

Membrane may appear in the larynx and laryngial diphtheria results. Croupy cough occurs and often the voice is lost. There is embarrassment of breathing and dyspnoea is the result. Death may occur from suffocation.

Complications and sequelæ. Albuminuria is one of the principal complications, arising from nephritis.

Hæmorrhage from various outlets of the body is not uncommon.

Broncho-pneumonia and lobar pneumonia often complicate the case. Glandular swelling sometimes takes place.

Prognosis is generally unfavorable in severe cases. Death may result from heart failure. In one case under my treatment the patient almost recovered when difficulty of breathing suddenly took place and the patient died.

In another case after recovery the patient could not take his food and succumbed.

Treatment. Homeopathic treatment is very efficacious in the treatment of Diphtheria. Statistics from various hospitals show that mortality from homeopathic treatment is from 7 to 10 per cent, while from other treatment 10 to 15 per cent.

Since a decade or two hence allopathic doctors has introduced diphtheria antitoxin as a preventive and curative in cases of diphtheria. This is sometimes useful but not invariably so in all cases of the disease as a curative or even as a prophylactic. Here as well as everywhere else the indications are needed for prevention and cure. We know in some cases it gives good results and in others it utterly fails. Homeopathy has also Diphtherinum. Local applications of any kind are not only useless but sometimes harmful. Internal medicine alone is sufficient to detach the membrane and cure the disease.

It is not only the allopathic doctors who are to blame for using these external applications but many ignorant and half homeopaths are guilty of such procedure. Dr. Baehr very justly accused many English homeopaths for adopting external treatment for a disease whose homeopathic therapeutics are so eminently successful. Among the great array of medicines the following are very prominent :—Belladonna, Mercurius, Kali bich, Acid mur, Arsenic, Amon carb, Apis, Phytolacca, Lachesis and Bromium.

Ailanthus.—Throat swollen, dyspnœa, red ulcers on the tonsil. Diphtheria after scarlatina.

Ammon carb.—Scrofulous patients ; glands in the neck swollen and hard ; nose stuffed, dyspnœa after sleep ; much cough ; great weakness ; brain symptoms ; slightest cold causes ulceration in the throat.

Apis.—Sudden invasion of the disease and the aggravated throat swollen and bright red, white membrane in the throat, not much pain ; great pain in swallowing ; extensive inflammation but less pain ; neck and face swollen, tonsils red and œdematous ; no thirst ; weakness from the beginning ; hands and feet numb ; fever ; hoarseness ; difficulty of breathing.

Dr. Baehr says that he has got very good results from *Apis*. We have been able to cure very bad cases with *Apis*.

Arsenic.—Arsenic is not a good remedy for diphtheria ; still it is useful in adynamic form of the disease and in typhoid conditions. If gangrene sets in and putrid decomposition takes place, it is a very useful remedy.

Arum Triphyllum.—Nasal form of the disease. Ulcers and irritating pus, glandular swelling. Great restlessness and typhoid condition.

Belladonna.—Great restlessness ; tendency to swallow something but pain in doing so. Sleepiness but cannot sleep. In the first stage it is attended with high fever and inflammation of the throat.

Brenium.—It is useful in croupous diphtheria, nervous debility and choking in throat.

Capsicum.—False membrane in fauces ; burning in mouth and throat, throbbing headache, feverishness and bleeding from the nose.

Carbolic acid is very useful in typhoid and putrid diphtheria. Extreme prostration, pale face, nausea.

Chinin. ars.—Diphtheritic membrane on tonsils and fauces ; glands in neck swollen ; great weakness.

Kali bich.—We derive much benefit from this medicine. Thread-like exudation, obstructing the throat. Dr. Lilienthal says—It is particularly useful in croupous diphtheria.

Kali Chloricum.—It is useful in the simple form of the disease ; small white ulcers in throat ; difficulty in deglutition.

Lachesis.—We used this remedy rather extensively and got much benefit from its use. It is useful, if weakness from the beginning, nervous depression, typhoid condition and other serious symptoms are developed. Rapid pulse, restlessness, deep redness in the throat, weakness of heart, pain in neck and throat, delirium. Liquid and warm food causes aggravation. Diphtheritic paralysis.

Lycopodium.—It is efficacious in nasal form of the disease ; disease first on the right side and thence to the left ; the patient cannot breathe through nose. Throat swollen and painful ; urine with brick dust sediments. We used it very freely.

Mercurius.—From the symptomatology of the disease, it appears that Mercury is one of the best remedies for diphtheria. Some authorities doubt the

efficacy of this medicine. They discontinue the use of it after giving only a few doses of it. It must be continued for three or four days in repeated doses. Different forms of Mercurius have been used but Iodide and cyanide are the best.

Merc. Iodatus.—Yellow*membrane, right side is most affected, great thirst for cold water, throat contracted, continued salivation, ulcers in throat, tongue yellow ; as if something stuck in the throat ; glands in the neck swollen, extreme weakness and fever.

Yellow tongue and yellow membrane are characteristics of this medicine. • •

Merc. cyanatus. We have effected several cures with the help of this remedy in the 30th potency. This should also be continued longer. Putrid state of membrane and throat ; *dirty white membrane and ulcers, constant salivation, parotid and maxillary glands swollen, great prostration and fetid breath. *Merc. cor.* has the similar symptoms. • •

Muriatic acid.—It is used only when the disease assumes a typhoid form and the patient is weak, and when there is high fever, and ulcers in throat take on a putrid decomposition.

Besides these we get benefit from *Phytolacca*, *Rhus tox*, *Salicylic acid*, *Secale*, *Sulphur*, *Sulphuric acid*, *Lac caninum*. This last medicine is of recent origin and I have been able to cure two very bad cases with it. Ulcers spread from one side to another and they are smooth and glossy ; nose is affected, pus coming out of it. Exudations are white like curdled milk,

glands are swollen. Tonsils and fauces are covered with exudation, salivation ; urine profuse.

For diphtheritic paralysis the following medicines are useful :—Causticum, Cuprum, Cocculus, Nux vom, Arnica, Baryta carb, Gelsim, Lachesis, Plumbum, Rhus tox, Sulphur and Zincum.

For paralysis of lungs—Antim Tart, Moschus and Camphor.

For dimness of vision Lachesis and Kali phos.

For dropsy—Arsenic, Bryonia and China.

Diphtherinum is very useful as a preventive and curative remedy. Dr. H. C. Allen recommends it highly. We had been able to cure a case, especially a very bad one, whose elder brother died of the disease a day or two before I saw this case. Antitoxin had been given by the allopathic doctors.

Clinical Notes.

P. C. MAJUMDAR, M. D.

1. Typhoid Fever—Bryonia.

A young boy at Bakulbagan, Bhowanipur.

Fever about two weeks. Simple cold and fever in the beginning. Gradually assumed typhoid form.

Temperature very high, ranging between 104 and 105.

Tympanitic distention of abdomen.

Thin, watery, brown stool of stinking smell.

Eye shalf open. Comatose.

Delirious talks of playing with his playmates and what he does every day.

Slight dry cough, sibilant rales audible in both chests. No expectoration, cough seemed to hurt him.

Great thirst for water at long intervals.

Urine almost suppressed ; scanty urine at long intervals.

Bryonia 30, one dose, three times a day.

Next day tympanitis less, stools less offensive, cough loose.

Placebo three doses that day.

Better. No medicine ; fever reduced, 103 highest.

Placebo continued for three days ; improvement steady, Cough again troublesome and no stools.

Bryonia 200, one dose, cured the patient in six days.

II. Leucorrhœa and Chlorosis.—Pulsat.

A young married lady, wife of Babu R. had been suffering from leucorrhœa, anemia and slight fever in the evening for three months. Treated by allopathic doctors for a long time. Before this attack she had a child born ; delivery natural but followed by slow fever. Much quinine had been devoured.

Came under my treatment on March 6, 1914.

She could not take her food well. She was very weak and there was a feeling of exhaustion.

✓ Yellowish white discharge from the uterus.

Menses scanty and slightly painful.

✓ Complained of acidity in the evening.

Bowels loose and frequent motions.

No appetite or relish for food.

Mind dejected. Temper mild and tearful.

Pulsat 200. One dose in the morning, followed by placebo, twice a day.

Her recovery was gradual but steady. Medicine the same, the dose not repeated very often. One or two more doses were given and she made a perfect recovery.

In these cases frequent medication is always harmful. Even repeating doses of homeopathic medicine spoils the case.

CONSTIPATION IN EARLY LIFE.

(Continued from page 32, No. 1, Vol. XXV).

In the youngest infants mechanical measures are often to be preferred to drug treatment when assistance is imperative. Suppositories of soap, glycerin or gluten are frequently used. They are at times permissible, but they should not be used continually because of the irritating effect upon the rectum. Gluten suppositories are less irritating than are those of soap or glycerin, but they are slower in effect. Enemata of soap suds are very commonly employed, but often work harm because of the large amount needed in many cases to produce results. The injection of an ounce of warmed sweet oil is much to be preferred. For immediate effect an injection of one or two drams of glycerin in one ounce of water proves useful. Persistent massage of the abdomen along the

course of the colon is recommended, but it usually gives unsatisfactory results.

By far the best mechanical treatment is the internal administration of white mineral oil, in amounts from a dram to a dessertspoonful one to three times daily. White mineral oil is unabsorbed and acts simply by mixing with and softening the fecal mass and providing a lubricant to the intestinal tract. As a rule, the amount given can be gradually reduced as soon as favorable results ensue.

Not infrequently cases are observed in which the cause of the constipation is a tight sphincter muscle. Such cases can usually be corrected by the simple expedient of stretching the sphincter by dilating it with the little finger of mother or nurse. The little finger, anointed with olive oil or vaseline, should be inserted into the rectum by a gentle rotary motion. After this procedure has been carried out for a few successive days the constipation of these cases usually disappears.

There is no doubt that to a large extent constipation in early life has been sadly neglected and woefully mismanaged by physicians and laity alike. In every case its importance should be recognized, its cause diligently sought for, and its treatment persistently prosecuted.

—*The New England Medical Gazette.*

Materia Medica.

NATRUM CARBONICUM.

Natrum carb is a very important medicine in our materia medica but very seldom used. Recently I had several occasions to observe its curative power in some obstinate cases.

It is often used (abused) by the allopathic doctors. They make use of it without reason or rhyme. The most important mental symptoms are the following which are verified in actual practice. Inability to think or to perform any mental work ; this often causes headache.

Very sad and apprehensive. Headache from mental exertion or from exposure to the sun.

Headache commences from the occipital region and travels up. Heat of the sun's rays and gas lights , aggravates this kind of headache. I cured a young man, a very busy physician, who exposed himself to the sun, and had maddening headache which was aggravated by thinking ; he thought he would get apoplectic fits, and felt very weak and exhausted. A few globules of Natrum carb of 30th potency put him right. Since then he had occasional headache which was totally cured by this medicine in the 200th potency. I had another experience with this medicine in cases of usual catarrh. An elderly gentleman was subject to catarrh which had become chronic. Many of our anticatarrhal medicines were taken with partial relief. At last I cured him with 30th but 200th had better effect.

The symptoms as recorded in the "Guiding Symptoms" are the following:—Catarrh ; mucus in the throat and posterior nares ; hawking of much thick mucus from throat ; profuse discharge during the day, stopping at night.

"Thick, yellow, green, offensive, hard discharge from the nose ; often ceasing after a meal.

My patient used to have bland watery discharge from the eyes, and pinching, raw sensation in the back of the nose.

I have also made use of it in several cases of diarrhoea. I have used it on those cases in which there was aggravation from drinking milk ; in fact milk caused diarrhoea. In many of my cases, there was considerable flatulence and the stools were watery but yellow.

- There are other pathogenetic symptoms which seem to be very peculiar and important, but I have not had opportunity of testing them in actual practice. For instance, weakness of the ankles from childhood.

Easy dislocation and spraining of ankle ; so weak that it gives way ; foot bent under. I may suggest its use in cases of Tabies.

Discharge of mucus from vagina after an embrace, causing sterility. Bearing down as if everything would come out. Heaviness aggravated by sitting, ameliorated by movement.

It is a deep-acting and constitutional remedy and must not be repeated too often.

High potencies I consider the best. P. C. M.

SANICULA.

MINERAL SPRING WATER OF OTTAWA.

H. C. ALLEN M. D.

Dread of downward motion. (Bor).

Child headstrong, obstinate, cries and kicks ; irritable, quickly alternates with laughter ; does not want to be touched. Constantly changing his occupation. Head and neck of children sweat profusely during sleep ; wets the pillow far around (Calc, Sil.).

Profuse, scaly dandruff on scalp, in the eyebrows and beard.

Soreness behind ears with discharge of white, gray, viscid fluid (Grap, Psor).

Tongue large, flabby ; burning, must protrude it to keep it cool ; ringworm on tongue (Natrum m.).

Nausea and vomiting from car or carriage riding.

Thirst ; drinks little and often ; is vomited soon after as it reaches the stomach (Ars, Phos.).

Symptoms constantly changing (Lac, puls).

Incontinence of urine and fœces ; sphincter unreliable (Aloe) ; urging from flatus, must cross legs to prevent fœces escaping.

Constipation ; no desire until a large accumulation ; after great straining stool partially expelled recedes (Sil, Thuja) ; large evacuation of small, dry, gray balls, must be removed mechanically (Sil.).

Stool hard, impossible to evacuate ; of grayish white balls, like burnt lime, crumbling from verge of anus (Magnes m) ; with the odour of Limburger cheese.

Diarrhœa changeable in character and color ; like scrambled eggs ; frothy, grass green, turns green on standing ; like scums of a frog-pond ; after eating must hurry from table.

The odor of stool follows despite bathing (Sulph.).

Excoriation of skin about anus (Sulph.) ; covering perineum and extending to genitals. •

Leucorrhœa with strong odor of fish brine (oozing from rectum smelling like herring brine—Calc ; fish brine discharge from ear—Tel.).

Weakness, bearing down as if contents of pelvis would escape ; walking, mis-step, or jar > by rest, lying down ; desire to support parts by placing hand against vulva (Lil, Mur.) ; soreness of uterus.

Foot sweat ; between toes making them sore ; offensive (Graph, Psor, Sil.),

- On soles as if he had steeped them in cold water. Burning of soles of feet ; must uncover or put them in a cool place (Lach, Med, Sang and Sulph.). • •

Child kicks off clothing even in coldest weather (Hepar sulph.).

Emaciation, progressive ; child looks old, dirty, greasy and brownish ; skin about neck wrinkled, hangs in folds (Abrot ; Iod, Natrum m. and Ars.).

Relations.—It is related to Abrotanum, Alum, Bor, Calc, Graphit, Natrum mur, Sil and others of our great antipsorics.

HOMEOPATHIC PRESCRIBING.

In a previous issue of this journal we noticed how a successful homeopathic prescribing may be attained. We pointed out that totality of symptoms is the guiding principle upon which this important subject has its resting place. Without this totality, all our attempts to cure our patients permanently, prove an utter failure. So every homeopathic physician must stick to this advice of our illustrious master.

Hahnemann very truly said that any thing we know of a disease is by its symptoms—both subjective and objective. And if we can remove them in their entirety, perfect cure is attained. One symptom or one group of symptoms cannot be called a disease and if they are removed we cannot cure our patient. We spoke in our former article that Dr. Hahnemann laid great stress on some symptoms which were peculiar and characteristic. But that does not mean to lay aside other symptoms of the case. His masterly advice was to write down all the symptoms of the case and then select the medicine from the tout ensemble of them.

Here we quote from another veteran homeopathic physician of America which goes to prove what we have steadily said on this subject. Dr. Nash in his Leader says very clearly in the article Kali Hydriodicum in page 139 of the new edition :

"There is said to be a place for the use of this remedy in pneumonia. I have not had experience

with it here, but on account of its reputation I give it, and may use it if occasion requires."

I give you Farrington's words for it. "Pneumonia, in which disease it is an excellent remedy when hepatization has commenced, when the disease localizes itself, and infiltration begins. In such cases, in absence of other symptoms calling distinctly for Bryonia, Phosphorus or Sulphur, I would advise you to select Iodine or Iodide of potassium. It is also called for when the hepatization is so extensive that we have cerebral congestion, or even an effusion into the brain as a result of this congestion. The symptoms in these cases are as follows :

"First they begin with a very red face, the pupils are more or less dilated, and the patient is drowsy ; in fact, showing a picture very much like that of *Belladonna*. You will probably give that remedy, but it does no good. The patient becomes worse, breathes more heavily and the pupils are more inactive to light, and you know then that you have serous effusion into the brain, which must be checked or the patient dies." So far good. But now even Farrington *dulls*—all great men sometimes do. He says, "why did not *Belladonna* cure ?" He who prescribes by the symptoms alone in this case would fail, because he has taken the totality of the case." What does Farrington mean ? Does he mean that in his picture of *Belladonna* he had the totality of the case without the hepatization, or does he mean that the hepatization was the totality without the other

symptoms. Here are the two horns of his dilemma—which would he take? I contend that all the other symptoms of the case, without the hepatization, were not the totality of the case. The hepatization was one, and only one, of the totality of symptoms. Now he says “Put your ear to the patient’s chest, and you will find one of both lungs consolidated. Well, I should call that a very important *objective* symptom, and one that could not be left out of the *totality* of the case. Remember, both subjective and objective symptoms must enter into every case in order to make the totality complete.”

“So after all, in true Hahnemannian fashion, I claim that he who prescribes, being guided by *all the symptoms*, will not and cannot fail where a cure is at all possible. These are and must be our infallible guide, or *similia similibus curantur* is not true.”

So our readers will be able to understand that to be successful homeopathic physicians they ought to take down all the symptoms of the case, pathological or otherwise and select their medicine accordingly. We must not lose sight of any symptom, however trivial it may appear to be, into our serious consideration in selecting and making true and successful homeopathic prescribing.

P. C. M.

THE CALCUTTA HOMEOPATHIC HOSPITAL.*

Gentlemen,

Our venerable and learned President Rajah Peary Mohan Mukerji is unavoidably absent and unable to address you on this happy occasion. The proceedings of this meeting would have been far better conducted than what you can expect from such an unworthy person as myself. However, I shall do my duty to the best of my ability.

You have already heard from our energetic secretary the report of what has been done in connection with the hospital since its foundation. Up to date it is in a satisfactory condition and trust with your help and co operation, it will continue to do immense good to the suffering humanity.

Unfortunately for Homeopathy, our benign Government do not recognise this system of medicine. And without the help of the Government very little can be achieved by private exertion in this country. But it is otherwise with the countries in the west. The people have the ability and willingness to take up all important matters in their own hands. Thus in America—one of the most civilized and rich countries in the world, the science of Homeopathy has gained a resting place.

In the United States of America, the Government

* Taken from the speech delivered by Dr. P. C. Majumdar, President, elected at the last annual meeting of the Hospital.

is obliged to recognise Homeopathy as one of the best methods of cure. They have nearly ten to fifteen thousand regularly qualified homeopathic physicians practising in the various states of the Union.

HOMEOPATHY.

There are ten big hospitals where large number of patients get medical and surgical help. There are eight homeopathic colleges where students are taught in various branches of medical science in addition to real teaching of Hahnemann. These colleges have got rights to confer degrees and their diplomas are recognised by their Government.

There are some Homeopathic hospitals and charitable institutions in England. The big hospital—the London homeopathic hospital in Great Ormond Street, has done much good there. In the present great European war a Homeopathic Hospital has been started at the front and the physicians and surgeons there are all homeopaths. They commenced with sixty beds only, but now, we are told, the beds are increased to four hundred.

The state of Homeopathy in France, Germany, Austria and other countries of Europe are also prosperous. They have big and good hospitals everywhere. I don't like to encroach upon your valuable time but only to ask your co-operation in this attempt on our part to see our infant hospital in a prosperous condition. It is a beginning and hope it will have a long and useful life. Attempts had been

made long ago in this country and two homeopathic hospitals had been opened, one by Dr. Tonnaire and Babu Rajendra Dutt and another by ourselves in connection with the Calcutta School of Homeopathy. But both of them suffered an early death. So I pray and beg of you to help this institution with all kinds of help.

Our Secretary has already told you that at present we want a lac of rupees in the reserve fund without which the stability of our hospital will be in danger. Up to this we—the members of the executive committee, subscribe among ourselves to defray the monthly expenditure.

The building and the land upon which it stands are the gifts of the noble-hearted people of this city, who contributed largely to the building fund and now, gentlemen, we crave your indulgence in again asking you for the reserve funds.

Our worthy Secretary has already conveyed our thanks to all gentlemen who helped this infant institution, and I now thank you for your kind attendance.

WHAT CONSTITUTES A CURE ? *

By S. R. Geiser, M. D., Cincinnati, Ohio.

In this day of cults, fads, fancies, and a multiplicity of healing methods, it is very difficult, in many instances, to determine what really constitutes a cure, and what per cent of alleged cures are coincidences.

* Read at the Southern Homœopathic Association, October 13, 1915.

As we likely know, the word "cure" is a misnomer. Its actual meaning is "care" and has no reference to recovery from illness, and when I refer to a "cure" or a "recovery," I have in mind such a disease that became normal or at least very much improved, and so remained, by the application of some remedial agent ; one that would not likely subside by a natural process, and had been determined by correct diagnosis, at least so far as our inadequate diagnostic methods and ability to apply them, would permit.

Orthodox and homœopathic practitioners, Christian scientists, new thoughters, osteopaths, chiropractors, spondylotherapeutists and many others, claim wonderful results from their methods and all in a greater or less degree, *do relieve suffering*, pain and discomfort, and all are doubtless seeking the truth, and in addition an honest dollar.

On careful investigation, however, it seems apparent that all, with a few exceptions, where drugs or physical means are not employed, come under the head of mental therapeutics or healing by suggestion. The term "suggestion," in a wide sense, implies the application of any mental process to the purposes of treatment. Again, we may have observed that suggestion is more effectively exercised by some persons than by others, a fact which seems to explain the "gifts" of a special character claimed by various healers. By special gifts we may understand greater proficiency to induce the individual to get away from morbid thinking or imaginary troubles than possessed by other healers.

While no sharply defined fundamental distinction can be, nor has been drawn between so-called organic and functional ailments, "faith" or "spiritual" healing, like all treatments by suggestion, can be expected to remain permanently effective only in cases of what are ordinarily termed functional disorders. The most authoritative investigation of faith healing yet made confirms this statement.

The alleged exceptions are so disputable that they cannot be taken into account. A spiritual healer, for instance, announced in my hearing, that a confirmed stutterer had been healed by one treatment. A science healer of prominence of this city told me that she had cured cancer, so diagnosed, she contends, by several prominent surgeons. These alleged "cures" need careful investigation in order to be confirmed. A point of importance that should here be emphasized is a warning to those who resort to healing in the hope of receiving a permanent cure that they thereby are postponing until too late the medical treatment which might serve to arrest organic disease. Here as in many other cases exact diagnosis plays an important part, not only as an aid in establishing a prognosis, but also an aid in verifying the results of our remedies.

Let us take, for instance, tuberculosis. While a constant slight elevation of temperature in the afternoon and a subnormal, 97 degrees, in the early morning before the patient gets out of bed, accompanied by languor, loss of appetite, emaciation and quick

pulse, even if there be no cough, may well-nigh warrant a diagnosis of *incipient tuberculosis*; these symptoms are not positive evidence of this disease.

Neither history nor physical examination, nor tuberculin tests, nor the x-ray, auscultation and percussion, nor any other familiar means, taken alone, is adequate to decide the presence of very early tuberculosis. The diagnosis established in time to ward off trouble, is made by a combination of all the above, plus skill, experience, judgment, decision and discriminating sense. The same holds good in determining the exact diagnosis of other disorders, as may be illustrated by the following clinical cases :

1. A woman of perhaps forty-five years consulted me relative to a tumor in the breast that was at once suspicious of malignancy. Physically she was below par. I advised her to consult a surgeon, which she refused. Then I told her I would treat her for a while with remedies in order to bring her to a normal physical standard, when I should insist that a surgeon be consulted. Under treatment her physical condition came up beautifully, but the tumor in the breast remained the same. I finally insisted that a surgeon be called, which she again refused. She then consulted a science healer and had treatments by that method, both present and absent, for about eight months, when I was again called into the case. From the time medical treatment ceased, she reported the disease had progressed rapidly. The tumor had been developed from the size of a small walnut to that of a large

orange, in fact the entire breast and also the glands under the corresponding arm were involved. She finally very reluctantly consented to an operation, which was then a formidable one. She lived perhaps one year after the operation, when metastasis to the stomach ended her career.

Here mental healing was a loss of valuable time to the patient, as an early operation would have been life-prolonging and life-comforting, and would have been a much less hazardous undertaking at the proper time.

2. A maiden woman, dressmaker by profession, about forty-two years of age, came to me with a small nodule in the left breast, movable and causing no inconvenience. It was by accident that she discovered it, as it had given her no inconvenience previously. After a thorough examination and getting a careful history of the case, I was convinced that the nodule was benign and likely never to be of serious consequence, even if it did not disappear by medication. *

In her work among her patrons she had come in contact with several women who had had entire breasts amputated on account of some swelling. Some had swellings that had been surgically removed several times. She was highly wrought up, greatly excited and worried, thinking that would be her fate. She had not been eating or sleeping on account of worry for three days and nights, and her physical appearance was pitiful. After repeated conversations she was finally induced to forget her troubles. She again resumed her duties as usual, slept well and gave the

disorder no further thought or attention. A few doses of ignatia to quiet her nerves and hopeful suggestions and later conium, which was well indicated, as she had typical symptoms of that drug, soon brought about an equilibrium, and normal conditions were again established. The nodule disappeared.

In case No 1, operative measures were essential when I first saw her, because no other method of treatment would meet the conditions, as the tumor was of progressive nature and likely malignant in character.

In case No 2, suggestion or suggestive treatment was paramount. Any kind of a mental healer with sufficient tact to convince the patient that her trouble was not of a serious nature would possibly have effected a cure.

In order to illustrate again the importance of proper diagnosis and judgment, I will cite another case: A married woman, thirty-two years of age, mother of one child, consulted me in reference to a swelling of considerable size in the left breast. It gave her no pain except that it caused some tension at times and naturally some worry. In addition there was quite a leucorrheal discharge and an examination revealed a decided endocervicitis. Glycerin treatments to the cervix and phytolacca internally in reasonable time caused both disorders to disappear, and the woman now enjoys perfect health in every particular. Four or five years have elapsed since the swelling developed. Her mother died of uterine cancer at the age of fifty-five years, which frequently gives her mental distress.

To arrive at proper conclusions, and to adopt the proper procedure in many disorders, especially such as I have just mentioned, is often a difficult matter. The procedure, in many instances, should be adopted from the standpoint of careful differentiation by a competent diagnostician rather than from the viewpoint of an indiscriminate surgeon.

This opinion is by no means intended as a fling at surgical men. I hold in highest esteem honest, conscientious and discriminating surgeons. It is the mercenary, indiscriminate surgical procedures that should be disparaged.

To follow routine methods in the management of breast tumors is to my way of thinking hazardous. To remove indiscriminately all unnatural growths, as suggested by some surgeons, is not only unnecessary, but inhuman. To rely upon the indicated remedy *in all cases* might be unwise, if not hazardous.

The whole subject of operative treatment of morbid growths whether malignant or benign in character, needs careful consideration, and I think I am safe in predicting that the final triumph over these diseases will result from other than surgical measures. Early operations seem to give favorable results, but even these are futile in many instances, as we all know.

As internists it is our duty, if possible, to eradicate every deviation from health, as early as possible, when many a case will escape surgical interference with small risk. The whole subject of treatment, especially of malignant diseases, is built upon a very insecure

foundation, as indications for or against operations are numerous and uncertain. Extravagant procedures are not compatible with calm judgment, especially when we have knowledge of most excellent results from the use of carefully selected homeopathic remedies.

The results of my experience in the management of this class of cases have been most gratifying. The cases related are only a few of many treated by carefully selected remedies and some as far back as twenty-five years.

I will cite just two more clinical cases, differing in character, however, from those related. One was a woman about sixty-four years of age, suffering from chronic tic-douloureux which had hitherto remained unaffected by careful therapeutic means, and to resort to resection of the nerve seemed justified and had been advised, though the results from operation here, too, often leave much to be desired. I have knowledge of cases that had only partial use of the facial muscles after resection of the nerve. This woman was referred to me as a last resort before employing surgical means. The pains in this case came on suddenly and left the parts extremely numb. They were on the left side, over the left eye, also infra-orbital, in the cheek bone and involving the ear ; touch or movement of the jaw, eating hot foods aggravated the condition, but firm pressure relieved. A normal condition was brought about by a short course of treatment with *mezereum*.

A woman, thirty-nine years, barring head-pains, is seemingly well, at least no other disorder could be

discovered from physical examination ; at frequent intervals she had very violent neuralgic pains about the teeth, and face, especially on the left side, running toward the ear, always worse at night and from warmth, disturbing sleep. After one of the paroxysms the parts were numb. The pains had been annoying the patient for many weeks, and she had consulted a dentist and had had various remedies, aspirin, etc., and had consulted several physicians. Mezereum very soon brought about a happy change. Were these results "cures" or coincidences ?

The question that should present itself to the mind of a thinking physician is, What method of treatment will give the best results to the patient ? Every procedure should have a humane object for its basis, and one should bear in mind that humanity and scientific zeal may not be synonymous.

In conclusion I will simply quote from the late, noted London neurologist, Gowers, whom I had the pleasure to hear when abroad, and who had no place in his philosophy for therapeutic nihilism, and who said failure on the part of a physician to avail himself of the aid of drugs was in his estimation evidence of inefficiency in the art of adaptation of remedies to the indications which were always present if properly searched for. He evidently had a clear conception and appreciation of the value of drugs and emphasized his views by the statement that treatment by drugs would, be correctly named, "dynamic therapeutics."

—*The Journal of the American Institute of Homeopathy.*

EMETINE HYDROCHLORATE.

Emetine Hydrochlorate is an alkaloid of *Ipecacuanha*. It was known to the profession for many years without any practical use. Its utility has been discovered only the other day. It seems to me that the profession gets quite startled with every new discovery of a drug and its spasmodic effect does not last very long. Emetine has become almost a panacea for all diseases connected with liver, be it inflammatory or otherwise ; hence the medical men have become great advocates to it and are not slow to give it a trial in all and every case that comes under their treatment or observation, such as biliary colic, *infantile liver* !! torpidity of liver, enlargement of liver, simple or malignant diseases of the liver, etc. Perhaps in some cases trial is given on the understanding that it can do no harm, if not good. Is it so ? As regards dysentery they swear by it. Now, *Ipecacuanha* had been known to the profession as a great remedy for dysentery and other affections for centuries and in dysentery it also, like other drugs, came into favour and disfavour periodically and at last met the usual fate similar to many vaunted drugs owing to its indiscriminate use in heroic doses in one and many cases of dysentery. Emetine, I should say, has been equally abused in all affections. Our observation in such cases has not been at all satisfactory, and we are surprised that we do not come across a case of liver disorder where several injections of Emetine

have not been given. I am not a prophet, but I am afraid its fall is not far. Its use in dysentery has been met with hardly any success in many cases. Its immediate downfall has been saved by an annotation, that is, its marvellous effect is observable only in cases of amæbic variety of dysentery. This one corollary limits the number of cases of dysentery to a very small extent,—while the other varieties such as bacillary and amæbic, mixed or any other variety, are more numerous and are not touched by Emetine as its discoverer pronounces. If I have any right to say, I should say, it was a pity that the profession except of late had not the means of diagnostic distinction of ameboid variety from bacillary or any other, otherwise the fate of Ipecacuanha would not have been so bad, if not so •glorious, as Emetine to-day. One more word and I have finished. As we the followers of *similimum*—often do wonders in cases of dysentery with Ipecacuanha when it becomes a *similimum* to a case, I would advice my colleagues of the opposite camp to give their old discarded Ipecacuanha a trial in their cases of amæbic dysentery. I believe they will meet with equal success and will not be disappointed.

D. N. ROY, M. D.

LACTIC ACID TREATMENT OF TUBERCULOSIS.

A new application of chemotherapy in the treatment of pulmonary tuberculosis is reported by F. Jessen of the Forest Sanatorium of Davos (*Zeitschrift für Tuberkulose*, July, 1915). This new method was suggested by the use of partial antigens in the treatment of tuberculosis, which antigens were obtained from tubercle bacilli by subjecting the latter to the action of dilute acids. It was found that weak solutions of lactic acid readily destroy tubercle bacilli growing in culture. The question arose whether this action might not also be exerted in the living body. Accordingly Jessen essayed the use of intravenous injections of 1 per cent solutions of lactic acid in the treatment of incipient cases of pulmonary tuberculosis. The results are said to have been brilliant. The amount of the solution injected at one time is not mentioned though the statement is made that the injections were used from once a month to once or twice weekly, according to the severity of the case. The point is emphasized that this method of treatment is suitable only for early cases of the disease. In advanced cases a considerable part of the tuberculous area is not reached by any medication introduced into the blood stream. Moreover, if the disease is extensive the lytic action of the lactic acid may be so great as to overwhelm the body with the toxic decomposition products of the tubercle bacilli.—*Medical Record*, New York.

THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

—HAHNEMANN.

VOL. XXV.]

MARCH, 1916.

[No. 3.

PAROTITIS.

It is called mumps or ideopathic inflammation of parotid glands. It is sometimes accompanied ~~or~~ followed by some other blood diseases and hence it is called symptomatic or sympathetic parotitis.

Causes.—It is a specific disease and to a certain extent contagious in nature. Many a time it appears in an epidemic form. In the schools it spreads from one patient to the other and thus becomes epidemic.

Children and young people are more liable to be affected by this disease. Men are more affected than women. Spring and cold season are the times when most people are affected by it.

Symptoms.—At first a little pyrexia is noticed which is followed in three or four days by the appear-

ance of glandular inflammation. Very often the glandular enlargement commences from the beginning. Gradually the fever begins to subside and glands assume normal size. First the parotid glands are involved and then the neighbouring salivary glands are also affected.

The parts become enormously swollen and red. The pain is not very great. Owing to swelling the patient cannot open the mouth properly and swallowing and masticating food are often impossible or painful. There is constant salivation and sometimes deafness supervenes.

When the inflammation does not subside, it may assume the form of an abscess and pus is produced. Metastasis is the grand characteristic of this disease. It spreads to different organs and parts of the body. Parotitis is generally followed by orchitis or inflammation of the testicle. In women the mama, labia and ovaries may be affected. In many more cases meninges of the brain are affected. Sometimes the one and at other times both the parotid glands are affected.

Some pathologists assert that inflammation at first begins in the cellular tissue and then extends to the glandular structure. Others say that glandular structures are the first seat of the disease. Suppuration is very infrequent result of the inflammation. Either the exudation is absorbed or appears in some other parts of the body as metastasis.

Treatment.—Great number of medicines are not required in this disease. Many a time the disease

is cured of itself without the help of medicine. Sometimes such happy results are not obtainable. In these cases a few doses of the indicated remedy are sufficient for a case. To prevent suppuration we must employ some homœopathic medicines at an early stage of the disease.

Mercurius is one of our best remedies in this disease. We generally give a lower potency of this drug with good result. It prevents suppuration. Later on we give Merc. viv. 200, a single dose, and the cure is prompt and permanent. This medicine is only to be given when an exudation has already formed.

Belladonna should be resorted to in the very beginning of the case. The fever is high ; headache, restlessness and congested eyes are its prominent symptoms. Thirtieth or two hundredth are the potencies frequently used by us.

When the disease assumes an erysipelatous appearance, swelling, redness and even delirious symptoms are combated by Belladonna.

If the disease goes on to a further stage and is not benefited by Belladonna and typhoid symptoms supervene, Rhustox is more indicated and useful. We have been able to cure more cases of typhoid parotitis with Rhustox alone.

After the acute symptoms have subsided if the glands remain swollen, hard but painless, Baryta carb is the remedy. Dr. Baehr extols this medicine very highly to effect a perfect cure.

In this indurated glandular stage Conium, Carbo anim and sometimes Silicea may be useful.

For metastasis Dr. Hempel recommends Pulsat as the prime remedy and in cases of acute inflammation Belladonna may be needed.

When pus has already been formed Hepar is the best remedy.

Aurum, Arsenicum and Carbo veg are sometimes required in cases of suppuration.

In gangrenous appearances Phosphorus is the first remedy to be thought of. Silicea may be indicated when suppurating tract assumes a fistulous appearance. Lachesis is good in gangrene.

Lycopod is needed when several ordinary medicines fail to produce temporary effect. Nitric acid, Silicea and Phytolacca must be remembered in this connection.

Diet and other accessories. The patient cannot masticate food ; so liquid food should be given. Barley*water, milk and other liquids are the best. Gradually when the power of mastication returns, solid and more nutritious foods should be added.

Hot applications are in many cases injurious. So they should never be resorted to. On the contrary cold application is better. Poultice may be employed if that produces any amelioration.

P. C. M.

ANTIPSORICS.

We are always inclined to use antipsoric remedies in cases of chronic diseases. Where there is lack of reactive power, where there is no cure but frequent relapses, there is the place where we use the antipsorics and in no other places. Here we are often mistaken. In severe cases and in acute and moribund conditions these remedies have wonderful curative powers. In typhoid fever, cholera, acute dysentery and even in plague we have observed the efficacy of antipsoric in a remarkable manner.

In cholera we observe that stools and vomiting are stopped but the reaction is not complete. There is flickering of pulse, body somewhat warm and instead of blue appearance of face and extremities, there are signs of circulation of pure blood, hands, feet and face become red. All signs are good but patient is not advancing towards a perfect recovery. Here the young physicians are greatly puzzled. They cannot discover the actual indications of any particular remedy. And if he remains silent, the patient either gets a relapse or new and dangerous symptoms are developed. For instance, there is no secretion of urine, pulse gets worse and lethargic state supervenes and ultimately the patient dies of uræmic coma or failure of heart. In the beginning of these cases if we give a dose or few doses of antipsoric remedies indicated, to the case, the scene is at once changed and the patient is put in favorable convalescence.

Here is a case in point. A young girl had purging and vomiting of rice water evacuations in June, 1905, at 3 A. M. I was called in the morning about 10 A. M. and found her in complete collapse. No pulse, pinched and blue appearance, cold and sticky perspiration, altered voice and slight labored breathing. Patient was in her bed as if she was dead.

Carbo veg. 30, an hourly dose, brought her to the stage of reaction. Pulse small and feeble, body warm, perspiration gone. I stopped the medicines and watched. In my evening visit she was almost in the same condition and no more progress was noticeable.

Some other medicines as Aconite, Arsenic and Rhustox were given to no purpose.

In the morning worse symptoms were observed. She was in comatose condition, cold perspiration appeared again and the patient began sinking down. Urine suppressed and eyes were slightly suffused. One dose of Sulphur 200 brought the patient round. An hour or two after this dose I visited the patient. Copious and reddish urine passed in my presence and she was much improved in her pulse and respirations and her eyes also got cleared. An intelligent young doctor asked me why did I give her Sulphur? I told him that Sulphur was indicated by the psoric nature of the patient and for tardy and defective reaction. Had I not given her Sulphur, the case would get worse and probably the patient would die of the disease.

Another case in support of this contention.

A young boy of nine years of age, thin and anemic

looking, subject to frequent attacks of malarious fevers, came under my treatment for typhoid fever.

Fever ranged between 101 and 103 F.

Abdomen distended with gas, with thin watery stools resembling typhoid stools. Gurgling in abdomen. There were about 8 to 10 motions in twenty-four hours. Bad smelling and some were very copious, others though smaller, had dirty brown soaking in cloth.

At night delirium of various kinds. Urine copious and frequent, rather pale.

The boy remained quiet in bed, sometimes with eyes half open. No restlessness.

Slight, moist, throat cough. Chest clear.

Baptisia 30 and Hyoscyamus 200 according to indications gave prompt relief.

- Temperature went down to 99 and rose up to 100 F. Bowels became confined, urine not so frequent and copious. Delirium subsided. This was in the second week of fever and I was confident he would be convalescent in a week's time.

But alas! my hopes were doomed to disappointment. Fever rose up to 104 suddenly one day, and did not come down to 101 F.

Abdomen was distended again but no stool.

Delirium increased at night.

Belladon, Hyoscyam, Pyrogenium and Rhustox were tried to no effect.

On the 21st day a dose of Psorinum 400 was given. He was in a stationary state for two days;

after that the temperature went down to 101 F. the highest. Four days after another dose of Psorinum was repeated and the patient became steadily better when on the 28th day fever subsided.

Dr. H. C. Allen told me that such cases were of psoric origin and unless an antipsoric was prescribed, we would not get the desired effect, even of the other indicated remedies.

Since then I had several cases of this nature in my hands and these were generally benefited by the antipsoric properly prescribed and suitably repeated.

P. C. MAJUMDAR, M. D.

NATURAL DEFENCE OF A LIVING HUMAN BODY.

Every living body has a limited terrestrial existence and must come to an end at a certain period. But so long as it lives and moves and hath its being, the All-merciful God has endowed it with certain inherent powers of resistance against its possible dissolution either by injury or illness, which may be considered as natural defences as distinct from the artificial help rendered by medicine etc., towards the restoration to health of a sick and disordered organism. These powers steer it along through the mundane ocean and guard it against sudden and early shipwreck.

2. The defensive forces may conveniently be classified into two parts—external and internal.

External forces —

These are like sentries mounting guard over a citadel and must either be killed or over-powered before an enemy can effect its entrance into the interior where again some other antagonistic forces are called into operation. The external defences consist mainly of :—

- (i) An un-braided skin.
- (ii) A healthy and uninjured mucous membrane (surface of cavities of nose, ear, mouth, rectum etc. This is a fold of skin reflected inwards to cover the cavities and is very sensitive).
- (iii) Bony cavities of vital organs.
- (iv) Thick pad of muscles over abdomen.

(i) A healthy skin is essential for life. It has some important physiological functions to perform viz., absorption, heat-regulation, perspiration etc., but apart from these if it is injured many micro-organisms may enter the body through the injured surface by inoculation i. e. by having direct access to the blood and promptly multiplying therein or producing toxic (poisonous) effects and thus causing serious illness. A normal skin acts as a shield and wards off pathogenic (disease-producing) bacteria. This is why all wounds are closed up and severe antiseptic precautions are taken by surgeons while performing an operation (which means cutting the skin first) and after it.

(ii) The mucous membranes serve the same purpose as the skin. They have a particular layer of cells (minute structures composing the body and may

be compared with bricks out of which a building is constructed) called the epithelial cells which in their healthy condition oppose an enemy in passing through them. The secretion of the mucous membranes also helps in washing away any morbid material which may come into contact with them.

(iii)* The vital organs are shielded from extraneous influences by their hard bony coverings. The brain is the most important and the ruling organ, hence its bony enclosure is the hardest. The heart and lungs come next in importance. As the lungs have to expand with inspiration and the heart also dilates and hypertrophies when overworked, they are encased in a cavity composed of ribs and intercostal muscles which afford them some latitude of movement. The eyes are similarly embedded in bony orbits.

(iv) Then come the abdominal organs—liver, stomach, spleen, kidney and intestines all protected by a thick pad of muscles. In cases of threatened injury and actual impact, the muscles contract and become hard so as to minimise a blow or a fall etc. It is also worth mentioning that in the case of pregnant women the fœtus (child in the womb) floats in a fluid (amniotic fluid) which accumulates as the period of pregnancy advances and affords double protection to the living fœtus—any violence on the abdomen being thwarted by the volume of water.

3. Besides the above means certain other actions are manifested which are reflex in nature i. e. automatic without touching the conscious part. The body

is principally supplied with two sets of nerves (1) efferent and (2) afferent. When any part of the system is struck, the efferent nerves carry the news to the brain—the chief controlling authority—which sends an impulse through the afferent nerves to the affected locality and we feel pain, burning etc. As saving of time and promptness of action are essentially necessary in checking the approach of an enemy, the entire nervous mechanism explained above is not called into play but the cycle is completed through the nerve centre in the spinal cord—which has nothing to do with consciousness. It is like the action of a local officer in cases of distress which does not come to the knowledge of the central Government. This is the reflex action and examples of it are given below :—

- (1) Twinkling.
- (2) Sneezing.
- (3) Coughing.
- (4) Vomiting etc.

It is also due to the reflex action that a sleeping man automatically moves his limbs when tickled or bitten by a mosquito without gaining full consciousness. If any substance inimical to physical economy attempts to invade it through the eyes, nose, etc., the eyelids close involuntarily. If the matter has already come into contact with the eyeball, tears accumulate to wash it off or a muscular movement takes place to corner it so as to facilitate its removal. In the nose the enemy is at first caught in the network of fine hairs in the nasal cavity which act like a sieve

to arrest its progress. In case the sieve does not prove sufficient, it is at once expelled by sneezing. The expulsion from the throat and lungs takes place by coughing—a peculiar movement set active by a kind of epithelial cells lining the wind pipe called the cilia. These are like minute broomsticks and sweep away the foreign substance. In bronchitis, pneumonia etc., there is a good deal of coughing on account of the abundant secretion of mucus which requires to be expelled to prevent the clogging of the lungs. In a similar manner a poisonous substance or an unpalatable food is ejected from the stomach by vomiting.

4. Then again pain is one of the chief sources of self defence. A blow, a burn or an inflammation causes pain which continues as long as the part or parts affected are not out of danger. This sensation keeps us aware of the presence of the enemy and its baneful influence and compels us to secure rest for an inflamed part so necessary to assist its healing. The absence of pain occurs only in nervous degeneration and in gangrene or necrosis of a local area. It is very serious inasmuch as the controlling forces lose touch with the enemy and resembles the cutting of the channel of communication between the fighting forces and the commanding authorities. Another way of reflex action is the working of a foreign material outwards after its penetration into the system. If a thorn or a pin gets into the body, nature attempts to get rid of it by bringing it to the surface through the processes of inflammation and suppuration. An

instance is on record showing that a pin got into the shoulder of a man and it took 6 years to travel to the tip of a finger when it was extracted.

Internal defences.

5. The living body does not depend solely on the efficiency of the guards at the door but has the power of dealing with the enemy that has penetrated into its interior. The various pathogenic bacteria are considered to be the chief enemy inside the body and it is with reference to these that the internal defences are here discussed. These microbes get into the body by :—

- (1) The alimentary canal.
- (2) The lungs.
- (3) The blood.

Sometimes they originate within the body without any assignable cause and are then called cryptogenetic.

1. The alimentary canal.

The acid secretion of the stomach (Hydrochloric acid) at once kills the bacteria which cannot thrive in an acid medium. In the event of their evading destruction by the gastric juice and passing to the intestines the epithelial cells lining the mucous membrane of the intestines stop them from passing through. If these means fail, there is the great detoxicating agent—the liver. It plays the most important part in the metabolic process and destroys any toxic material which finds its way to it through the portal vein.

2. Lungs.

There is nothing much to say here. The method of defence is much the same as in any other mucous surface.

3. The blood.

Once an infective agent enters the circulation, three forces are at once summoned to fight the enemy. These are :—

I. The white blood corpuscles of the blood.

II. The lymphatics.

III. The anti-bactericidal property of the blood.

I. The white blood corpuscles attack the bacteria and devour them. This is called phagocytosis. When the white blood corpuscles are in the blood stream they are known as leucocytes, but when they emerge through it and lie free in the tissues fighting the enemy they are termed "Phagocytes." These white blood corpuscles are always on the look-out for enemies and greatly multiply in the presence of a strong foe. This multiplication is called "leucocytosis."

II. The spread of infection is also limited by lymphatic glands which act as barriers of defence or filtering mechanisms aiding in protection against blood infection. This is why there is a swelling of these glands in the cases of local or general infection (venereal diseases, Bubonic Plague, etc.).

III. The Bactericidal action of blood is effected in three ways :—

(a) by the death or solution of the organism ;

(b) by the manufacture of some anti-substances

which neutralise the toxic products of bacteria or

(c) by the clumping or agglutination of them so as to make them inert.

6. The whole phenomena constitute natural immunity. But immunity may be acquired artificially by an animal by passing through a natural disease or by artificial inoculation. Artificial immunity may again be classified into active and passive. An active immunity is obtained by (a) injection of the bacteria themselves in sub-lethal doses or (b) by attenuated doses of their products (toxins). Passive immunity is produced in one animal by injection of the serum of another highly immunised animal by the active method. There are very plausible theories explaining how toxins are neutralised by anti-toxins e. g. Ehrlich's Side-Chain theory and Metchnikoff's Phagocytic theory. These are technical matters and need not be noticed here.

7. Recently some very important facts have been discovered by eminent Physiologists in Europe including Cannon, Palaw etc., in regard to bodily changes in strong emotions, such as pain, fear, rage etc. These discoveries date so late as the years 1912 and 1914 and mark an epoch in the highly interesting branch of medical science called Physiology. Sherington has pointed out that "Emotion" moves us, hence the word itself. It means those strong impulses which impel us to move, to exert ourselves or cause such stir inside the organism as forebodes muscular

exertion. "When fury and anger sweep us away and gentle familiar aspects of Nature take on the hue of blood, we clench our fists until the nails are driven deep into our flesh. In the first shock of agony or bereavement and during those cruel dragging hours when we are adjusting ourselves to living with our hearts torn asunder, we clasp our hands in frenzy. For ages we have been doing these things because they are natural and apparently irresistible. We do them automatically without knowing why."

8. Careful and laborious researches in the Harvard and other physiological laboratories have demonstrated that in times of stress certain changes take place in the body. Of course the surface manifestations of excitement, are quite patent viz., the contraction of the blood vessels with resulting pallor, the pouring out of cold sweat, the stopping of the flow of saliva, the dilation of the pupil of the eyes, the standing erect of the hairs of the head and body, the quickening of the heartbeat, the hurried respiration, the trembling limbs—all these are well-recognised accompaniments of great emotional disturbances, such as fear, horror and deep disgust. There are however other organs hidden deep in the body which also take part in the complex of an emotional agitation. The deep changes are the following :—

- (1) Stoppage and diminution of gastric juice.
- (2) Increase of blood sugar.
- (3) Distribution of more blood to the heart, lungs, central nervous system and limbs with an

accompanying reduction of blood supply to the inhibited organs of the abdomen.

(4) Rapid coagulation of the blood.

(5) Abolition of the effects of muscular fatigue.

(6) Relaxation of smooth muscles e. g. those of the bronchioles (minute air spaces within the lungs).

9. It is evident that all the phenomena occur by the stimulation of the nervous system called the sympathetic. It has also been found experimentally that in times of emotional excitement *adrenin* is secreted abundantly by the adrenal glands which lie anterior to each kidney and are stimulated to action on those occasions. Adrenin acts as an auxiliary to and a reinforcement of the stimulated sympathetic nerves in keeping up the changes started by the latter and playing an essential role in calling forth the responses all of which tend to the conservation of the living mechanism. How does the conservation take place? What is the utility of the bodily changes outlined above? What are the energising functions of secretion of adrenin?

10. It has long been recognised that the most characteristic features of reflexes are their "purposive" or anticipatory nature. The idea of fear, rage etc., presupposes the idea of escape and flight or attack and the emotion of pain is naturally associated with the instinct for struggle. These associations have been established through myriads of years of racial experience and Darwin wrote "great pain urges all

animals and has urged them during endless generations to make the most violent and diversified efforts to escape from the cause of suffering."

The flight or attack or struggle all mean prompt muscular action with possible danger to the body. The alterations that are brought about provide beautifully for the rapid execution of the purpose in an automatic manner.

11. The time for supreme muscular exertion is not an opportune one for digestion which is reserved for happier moments and so the gastric juice is inhibited. Any muscular exercise consumes more sugar in the body and the liberation of the stored carbohydrate (glycogen) from the liver with the flooding of blood with sugar sufficiently provides for the emergency. Supply of more blood to the tripods of life—brain, heart and lungs—assists their increased function *viz., quick thought*, palpitation, deep and rapid respiration with relaxation of the muscles of the bronchial tubes thus rendering the organism more efficient when fierce struggle calls for bounteous supply of fresh air and speedy discharge of the carbonaceous water. Loss of muscular fatigue is compensated for and there is increased coagulability of blood so essential for continued existence in view of exertion and injury. If blood is shed in the course of a struggle, it quickly coagulates to prevent further loss. If this does not happen, the affected animal may die of hæmorrhage. Thus it is shown how in anticipation of events the natural defensive elements of the body marvellously

play their part in saving it from destruction. William James in one of his last essays has suggested that in every person there are "Reservoirs of power" which are not ordinarily drawn upon but which are nevertheless ready to pour forth streams of energy if only occasion presents itself. Every one of the changes is directly serviceable in making the organism more effective in the violent display of energy which fear or rage or pain might involve.

ON CEANOTHUS AMERICANUS IN ITS RELATIONS TO DISEASE OF THE SPLEEN.

BY THE LATE J. COMPTON BURNETT, M. D.

BACCÆ JUNIPERI.

These berries are a good spleen medicine which I have often ordered for the poor, and sometimes with good effect. The berries must be crushed, and a handful left a long time to draw in four cupfuls of boiling water if you want to see any effect from them. I do not think it is the ætherial oil, but a non-volatile principle of the berries, that acts as a splenic.

OLEUM SUCCINI NON RECTIFICATUM.

This is a good spleen remedy. It must be given in small doses, and as people often make a mess of the dropping, it is best to give it in some other fluid. I order it in acorn-water and formerly in acorn-spirit.

To six ounces of acorn-water I add half a scruple or a whole scruple of the oil. They do not mix chemically, but if the mixture be well shaken, our object is attained; the patient does not get more into his stomach than we intend. The giving them together contains no virtue; at least I have no reason to think so. The *Oleum Succini* does good service in painful spleen affections wherewith there are convulsive attacks, such as the hysterical and hypochondrical often have. Only once did I observe its smell cause hysterical convulsions in a woman, but that is a very rare exception to the rule.

Oswald Crollius lays great stress on the importance of rectifying the oil of amber, but what he says therein is not true. The rectified oil is nothing like so serviceable as the unrectified. In general Crollius is the most honorable and the most straightforward of all the jatro-chemists, but a man of but small understanding.

CONIUM MACULATUM.

The late Professor Gunther, of Duisberg, used to give for chronic cough a powder composed of one grain of *Conium* and ten grains or a scruple of oak mistletoe. He had once cured an old gentleman with it. A colleague of mine, an out-and-out sceptic, who had in vain patched away at the old gentleman, did not deny the cure, but ascribed it to chance, to the particular faith the patient had in Gunther, and not to the action of the powder. But I could in no wise agree with his opinion, for although I had at the time

but very little experience of *Conium*, still I knew Gunther was a sensible physician, who wrote simple prescriptions, and so must have understood the curative action of his medicines. I once met Gunther over a patient, about whom there was little to say, as he was evidently dying. In the course of our conversation, I begged him to tell me what he thought about *Conium*. He was willing, but, being interrupted by the anxious friends of the patient, only gathered that he set great store by it. I had several times easily cured patients of his of liver coughs, and to whom he had in vain given *Conium*, as I saw from the prescriptions of his that they brought with them ; from which I concluded that it was not a sure liver remedy. I had before fruitlessly used *Conium* in painful spleen affections, and hence too hastily concluded, because I was still stupid, that it was not a spleen remedy. Now that I had become wiser, and understood that nature could produce different sorts of spleen affections, I began also to see that while *Conium* might be quite useless in one kind of spleen affections, it might nevertheless be remarkably curative in another kind of spleen disease. Thus I once used it in a case of consensual cough arising from a primary spleen disease. This is hard to cure ; all the lung medicines do no good. Of the belly medicines, the only one that would occasionally be of any service was the *Semina tardui*. I now put *Conium* to a very severe test, that is to, say, I gave it in cases in which the *Cardus Maria semina* failed me, and lo ! and behold ! I saw

the most beautiful and most astonishing curative action from it. Since then I have never given it up, and as I make no unreasonable demands upon it, it has never disappointed me. I stated earlier on that Gunther gave it in combination with oak mistletoe, but there is nothing in that ; I have found it just as active with sugar of milk or sweetwood, as when triturated with oak mistletoe.

• MAGNESIA TARTARICA.

My readers will not much care to learn how I became acquainted with this remedy. So I may just say that I neither stole it from a brother brush, nor did one very kindly communicate it to me, neither did I find it in a book. Still it is manifestly a remedy with which a spleen affection may be ousted. I confess, however, that I knew nothing of it till four years ago, and, from want of opportunity, have not used it much. But as I have got rid of painful spleen disease with its aid, and that such as would not obey other remedies, I am bound to conclude that there must be a spleen affection in nature which is peculiarly subject to the healing power of this remedy. It does not follow that because this particular disease has come comparatively seldom under my observation that this will necessarily be the case in the future.

I have not yet given this remedy in those spleen diseases that are evidenced by consecutive cough or dropsy, for the very good reason that other and twice better known remedies sufficed. I never try experi-

ments with new remedies until the old ones leave me in the lurch.

The average dose of the remedy is one scruple four or five times a day. In this dose it has no laxative action. Should one, however, meet with very sensitive bowels, whose movements are increased by this dose, less must be given, for, I have observed that the laxative action does not hasten the healing.

Rademacher also favorably mentions *Cicuta* and *Acidum pyroligneosum* as topic splenics.

There is not much to be learned in any English works that I have read on spleen medicines. I, personally, know nothing of—

LUFFA ECHINATA.

Moore (*Diseases of India*, 2nd edition, p. 527) narrates that Dr. Dickinson (Bengal Service) had some years ago recommended the *Bindaal Rerula*, or *Luffa echinata*, an indigenous plant of the N. O. *Cucurbitaceæ*, as a remedy in spleen disease, and says that he himself had used it in dispensary practice with apparently good results.

I may now refer to a little of my own clinical experience with Rademacher's spleen remedies, and particularly as to the *Oleum Succinatum non rectificatum*, which has rendered me brilliant service, as my readers will see.

CHRONIC ENLARGEMENT OF THE SPLEEN WITH

HEMIHYPERÆSTHESIA, CEPHALALGIA, DYSP-

NŒA, ORTHOPNŒA, CONVULSIONS.

A more remarkable case of its kind I never

observed. Subject : A young lady towards the end of her teens, of good family, and at a finishing school in London. Had been treated at home for hysteria of a severe type both homœopathically and hydro-pathically, the latter consisting of the cold douche when a convulsive attack was on. The cold douche was only once applied, and nearly killed the patient. Many months after it was applied, when the patient was in a state of what seemed to be approaching death from exhaustion with violent delirium, she literally yelled at what she imagined was some one approaching the bed to throw water on her. It would fill a little book to give a complete history of her case ; so I will summarize it as briefly as may be,

At first, and for a year or two, I treated her for *attacks*. Said "attacks" I had never seen, but I put them down as a form of epileptoid seizure, though it was distinctly stated that the convulsions were mostly left-sided. Sometimes violent palpitation of the heart was essentially the attack ; at other times dyspnoea, orthopnoea ; and always a pain in the left side under the ribs, going up and down ; and patient, no matter how violent the convulsive attacks, was never quite unconscious. I was not able to see an attack, and could never get a really clear description of them. "Dreadful fighting for breath" coming on in attacks, with pain in the left side, was the essence of all the descriptions given to me. I treated the case, but without doing any real good, and finally she was seized with an attack so violent that the parents telegraphed from

the country to me to know what to do, and I felt it too serious a case to be treated by me at a distance, and so I wired back that I resigned the case to their family physician, himself an eminent homœopathic practitioner, who also had formerly tried his hand at the case, but in vain.

Many months elapsed, and I heard only indirectly about the case ; and then the friends, in sheer despair and disgust at the obstinacy of the attacks of what their family physician said was a severe form of hysteria that would not go away for good, but ever and anon came like a domestic explosion, creating unrest and tension, brought her to reside near me in the neighbourhood of London, and this was at the beginning of the winter of 1886-'87. The attacks soon came, and I had the opportunity of observing them. On entering the room I thought I heard steam coming out in short, sharp "whists" from a kettle-spout, but I found it was patient's exploratory efforts. The dyspnœa was very great, and the convulsions most violent, being always confined to one side—the left—but varying as to position on the trunk, being at times in the nape, then on a level with the nipple, then in the lumbar region, sometimes so bad that the body would be bent like a hoop, and the movements very often sent patient flying either against the bedstead, over on to the next bed, or on to the floor ; and hence we had to pad all hard objects. Some of the convulsive contortions were awful to behold, and most of her friends devoutly hoped and prayed that she might

die. For some weeks I was the only one who believed recovery possible, so long, so violent, and so exhausting were the convulsive attacks. Myself, I only lost heart once, and that was after a series of attacks of convulsions lasting for hours, and leaving only short intervals. Her friends several times fetched me, in the night, believing patient to be dying.

The thing went on for months, and I was able to get slowly at some constant characteristics.

1. When out of the attacks patient was comparatively well in herself, and looked well, only as time went on, and the attacks lasted for hours with great violence (relays of two, and sometimes three persons being required to hold her down), she became very weak from exhaustion.

2. The appetite was poor, the tongue coated, the bowels obstinately confined.

3. The left side of the body (trunk) was so tender that she could not bear the least pressure. Touching it gently with one finger even made her wince.

4. The spleen was considerably enlarged, and the whole region excessively tender.

5. She had a *constant* fixed pain in the left half of skull, worst about midway between ear and the sagittal suture, and she usually held her head in left palm.

6. Warmth was agreeable, and cold aggravated very distinctly, and particularly frost and snow ; violent attacks always came on whenever it froze. "Thunder has always tried me."

7. There was pronounced periodicity, sometimes

irregular, but also at times and for weeks together as regular as a clock, there being two, three, or four attacks in twenty-four hours.

I could not agree that the case was one of hysteria, as the family physician thought. In the very early part of the treatment I treated her for epilepsy, but did her no good. Then, in view of the enlarged spleen, I gave *Ceanothus Am.* and other spleen remedies, but in vain.

She was at times feverish, and had *Aconitum*; very flushed in the face, and I ordered at first *Belladonna*, and then *Lachesis*, but in vain.

Phosphorus, *Jelsanium*, *Zincum*, *Cuprum*, *Ignatia*, *Nux*, *Puls.*, and many such were equally useless. *Aranea diadema*, *Cicuta*, were no better.

Sulphur and *Plumbum* did a little temporary good, and we thought *Cuprum* and *Acid hydrocyanic* eased the convulsions a little, and also *Mikania guaco*. Essentially they did no real good.

The fixed, constant, and often severe pain in the left side of the head at last compelled me to assume the presence of a tumor in the brain, perhaps of a vascular nature. *Silicea* and a number of other remedies were given on this hypothesis, but the patient seemed practically uninfluenced by them.

Heretofore I had treated the case from the particular standpoint, as well as from that of the entire organism, and had failed, so I thought over the case afresh, and came to the conclusion that Rademacher's account of the action of *Oleum Succini* made that

drug appear a likely remedy. I therefore prescribed the non-rectified oil in five-drop doses three times a day. That was early in March. . . . In forty-eight hours the convulsive attacks ceased, and in three weeks the hemihyperæsthesia. The pain in the head—in fact, the whole series of morbid phenomena—slowly disappeared. So I am now disposed to regard the case as a primary disease of the spleen from the very beginning, the convulsions and head pain being consecutive thereto. This is the *kind of cure* one meets with in Rademacher, and which gave the tone to his life and practice.

When I say *kind of cure*, I mean an obviously bad case of disease not mending of itself, and cured straight off—generally jugulated. Evidently, too, Hohenheim used his organ remedies, so that he effected striking cures ; any wonder that he became overbearing and arrogant ?

After taking the *Olcum Suc.* for six weeks, I very carefully percussed and palpated the left hypochondrium, which was no longer tender, and the enlargement of the spleen had quite disappeared, though patient said the side was *at times* tender still, and the pain in the head still persisted a very little. No convulsion since the second day of taking the *Ol. Succini*.

—*Homeo. Envoy.*

PNEUMONIA COMPLICATING MEASLES.

BY HENRY B. MINTON, M. D.,

Brooklyn, N. Y.

Measles has a peculiar affinity for catarrhal pro-

cesses and the effects of its manifestations in the system are evidenced not only on the skin of the body surface as its characteristic eruption, but on the mucous surfaces of the body as a catarrhal inflammation. Among the earliest symptoms are catarrhal manifestations in the eyes and the nasal catarrh. Inflammation of the mucous surfaces is as characteristic of the disease as are the skin eruptions. Complications of the disease are all resultant from these catarrhal processes, which serve as a nidus for the development of a severe grade of inflammation. The more common complications are otitis, laryngitis, pneumonia and gastro-enteritis.

Bronchitis is a regular accompaniment of an attack of measles and it progresses with the development of the skin eruption, so that its acme corresponds to the acme of that eruption. The temperature in the uncomplicated case follows a very characteristic type. A sudden rise to about 102, with a sensation of chilliness, marks the onset of measles and it is accompanied by catarrhal symptoms, first noted in the eye, and a dry, short cough. The following day sees a subsidence of the temperature, which usually continues through part of a second day, but may become quite normal during this interval. Such subsidence of temperature is followed by a second rise and, as this rise progresses, the rash makes its appearance, the rash and the temperature reaching their maximum at about the same time, usually on the sixth day from the commencement of the symptoms ;

then both subside together during the succeeding days.

Any variation of this normal course occurs in both directions so that mild cases present the minimum of rash, temperature and bronchitis, and severe cases the maximum. A severe case may present a very sick child at the period of maximum temperature, rash and bronchitis. The presence of complications is associated with a deviation from the usual subsidence of symptoms, with diminishing temperature which marks the normal uncomplicated case after the acme on about the sixth day ; or it is associated with a lack of the normal proportion between eruptive symptoms and the temperature as in the so-called suppressed or repressed eruptions with high temperature. An increased evidence of toxemia is also usually present with complications, particularly pneumonia. In the severe or irregular cases, diarrhoea may develop as a result of catarrhal inflammation of the bowel.

Pneumonia is a complication much to be dreaded in the course of this disease in institutional work on account of contagion. Its onset is to be attributed to the extension of the bronchitis through the finer tubes to a capillary bronchitis or, when involving the air vesicles, a bronchial pneumonia. This supervenes in delicate, sickly children, in children whose resistance to infection is poor, in children who have been exposed to cold, hardship or lack of care in the early stages of the disease, and in institutions. The pneumonia may assume the lobar type, which, however, is

not usual. Pneumonia complicating measles is usually of the catarrhal, not the croupous type ; that is, the exudate, which in both cases contains inflammatory corpuscles and exfoliated pulmonary epithelia, in bronchial pneumonia remains fluid, preserving the character of a catarrhal transudate ; in the lobar type it becomes organized by the development of fibrin in much the same way as blood is clotted, or as pleuritic fluid becomes solidified upon contact with air after its withdrawal. The bacteriology of pneumonia is much the same in either instance, with the pyogenic bacteria predominating over the specific pneumonococcus in the catarrhal type.

Differentiation between ordinary bronchitis and bronchial pneumonia by physical signs only is impossible in measles as well as in any other condition. A case with an extensive bronchitis, which presents evidence of being sicker than the bronchitis warrants, may present some areas of fine rales or some areas of increased dullness, but either may be absent or transitory, or indistinguishable from the minuteness of the consolidated areas in a well developed pneumonia. Should atelectatic areas of some size develop from obstruction of bronchioles, a conspicuous dullness may be detected which upon subsequent examination, may have disappeared with the renewed aeration of the collapsed portion of the lung.

The best early signs and symptoms of a complicating pneumonia in measles are : First, apathy mental dullness and prostration toxemia. Second, fever increased beyond the normal measles range. Third

disturbed respiration and pulse ratio, normal being 1 to 4 ; for example, respiration 20, pulse 80, temp. 99. In oncoming pneumonia the ratio often approximates 1 to 3, as respiration 40, pulse 120, temp. 104. The respiration of a child is best counted when the child is sleeping, as slight causes, such as crying, make the count in the waking child very inaccurate. Fourth, rales, fine and localized, in addition to the coarse rales of general bronchitis. Fifth, diminished respiratory murmur over the affected portion of the lung. Sixth, broncho-vesicular respiration. Seventh, dullness. Eighth, a later symptom is a pause in the respiration, occurring after inspiration in pneumonia, and after expiration otherwise.

The prognosis of the complication is grave, and the frequency and danger of the condition in institutions should warn us that we have here an infectious measles complicated by infectious pneumonia, and that isolation of these cases from other cases of measles is as advisable as the isolation of these cases from other cases of pneumonia. It is more than possible that pneumonia as a complication is very infectious among measles cases and that the fatality in institutional work is due to this susceptibility and that effectual quarantine of the simple cases of measles from those complicated by pneumonia should be rigidly enforced.

(To be continued.)

—*The North American Journal of Homeopathy.*

THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

" — HAHNEMANN.

VOL. XXV.]

APRIL, 1916.

[No. 4.

PALLIATIVES.

We have heard very often even from the homeopathic physicians that palliatives are often necessary. Many, otherwise good prescribers, frequently urge the necessity of prescribing palliatives in incurable cases. They say that by so doing they give temporary relief to such unfortunate patients.

We frequently see that such palliations cannot be obtained by big doses of narcotic medicines as opium, chloral &c. &c. The patients may be relieved of their suffering only by indicated medicines in minute doses. Even incurable cases are frequently benefited, palliated by homeopathic remedies.

Big doses of narcotic medicines have often alleviated the pain and palliated the suffering for the time being but their reaction is far more injurious to the patients. Patients suffering from very painful disease,

as for instance, renal and hepatic colic and the like, get temporary relief but the after effects of such treatment are worse than the original disease. The poor patient suffers more after the effects of narcotics are over. So it is better to select a homeopathic remedy to give relief than to administer a narcotic or sedative for the purpose. •

We quote here what Dr. Nash says about such palliation under the head of *Opium* in his work, the Leader of Homeopathic Therapeutics.

"One of the worse abused, because frequently used, remedies of all schools of medicines I must explain. I said all schools. The true Homeopath does not abuse it, but many members of the school calling themselves homeopaths do. A teacher in one of the homeopathic colleges defended its use in narcotic doses in many cases to produce sleep and relief from pain. I will say just here that any homeopathic physician that feels obliged to use *opium* or its alkaloids in this way and for this purpose does not understand his business and had better study his Materia Medica and the principles of applying it according to Hahnemann, or else go over to the old school where they make no pretensions to having any law of cure. In the first place *opium* in narcotic doses does not produce sleep, but stupor, and it only relieves pain by rendering the patient unconscious of it. How many cases have been so masked by such treatment, that the disease progressed until there was no chance for cure."

"Pain, fever and all other symptoms are the voice of the disease, telling where is the trouble and thus guiding us to the remedy. The true curative often relieves pain even more quickly than opium, and does so by curing the condition upon which it depends. And even in cases where it does not so quickly stop the pain, it is often far better to suffer a while until the curative can get in its work. Probably ninety-nine in a hundred of those suffering from the terrible habit of morphine eating are first led into it by physicians who prescribe morphine to "relieve pain and procure rest and sleep."

On speaking of Opium Hahnemann made the remark that Opium is of little use in cases of pain as a palliative.

"No medicine in the world suppresses the complainings of patients more rapidly than opium, and misled by this, physicians have made immense use (abuse) of it, and have done enormous and wide-spread mischief with it."

Again he says "In employing opium in the above mentioned chronic maladies we learn that it effects *only at first* an illussory alleviation, a transient suppression of the affection for a few hours ; that it then ceases to alleviate without increasing the size of dose, that on further increasing the dose it only allays the symptoms for a short time, and even where it does this it creates on the other hand new affections and a much more serious and a worse artificial disease."

Such are the effects of palliatives, the narcotic

*
medicines in big doses. We strongly deprecate this practice as real homeopathic physicians.

P. C. M.

Clinical Record.

P. C. MAJUMDAR, M. D.

I. Anacardium in Eczema.

An elderly lady, fat and plethoric, widow without any children, had an attack of skin disease in her arm and leg near the hand and ankle respectively. She suffered long and had recourse to various kinds of medication.

She came under my treatment in July, 1914, with intense itching eruptions over the parts mentioned. There was no oozing of pus or serum from it, voluptuous itching in one part which continually spread over the other parts. Skin became thickened, scratching aggravated the itching sensation. It was stopped for a moment to commence again. Burning sensation in the skin which was marked by rubbing and itching. Aggravated after bathing and in warm weather.

Had obstinate constipation ; stools hard and black, appetite poor, desire for juicy things and fruits, milk seemed to disagree with the stomach.

Anxious and apprehensive lest this turns to be leprosy. She felt general weakness but more in the hands and feet ; feeling of paralysis over these parts.

Graphites 200 and 1 m did her a good deal of good.

Bowels regular, appetite improved but itching and thickness of the skin remained the same.

August 14. Anacardium 30, one dose, every morning for one week. Next week no medicine and then Anacard 30 as before for one week. I saw the patient after a month improved in every way. On my asking her she seemed very cheerful and told me that the last medicine was my real curative remedy as it gave her hopes and the thickness and hardness of the skin was much better,

She left Calcutta and I gave her a phial of Placebo pills. After six months I heard she was perfectly cured.

II. Appendicitis. Merc viv.

A young man in Clive Street was down with pain in right abdomen and some fever. He was a thin and weak man. He was under allopathic treatment for some days. They wanted to operate as they afterwards found it out to be a case of appendicitis.

I was called on the 18th of September, 1914. I found on palpation over the place of appendix a big tumour tender to pressure. Had dysenteric stools for a fortnight and from ten to twelve stools in the day. Stools greenish and mucous with tinge of blood in spots. Great thirst for water. Much straining, slight fever in the evening with occasional sweat. Pain aggrayated at night, not very intense. Emaciated and anemic.

Merc. viv 200 one dose followed by placebo twice daily. Improved at once, tumour softer, reduced in size, pain almost disappeared.

29th September. I saw him again, fever almost gone ; dysentery better, but the patient could not take his food well, appetite poor and the patient was very anæmic.

Psorinum 400 one dose ; a few globules dry on the tongue.

This practically completed the cure.

III. Capsicum in mastoid disease.

A young girl at Kansaripara, mother of two living children, suffered off and on from running of the ear. In the beginning of January, 1914, by applying some medicine in the ear 'the discharge suddenly stopped, followed by pain and inflammation of ear.

Pain was aggravated at night and by the warmth of the bed, ameliorated by cold water.

✓ A large swelling was formed behind the right ear with excruciating pain and burning.

Allopathic medicines were tried to no effect. After two days chill and fever appeared and she was in great agony.

A homeopath was called who gave Belladonna and Merc. sol one after the other with no relief.

I saw the patient on the 9th January. She was in great distress on account of pain in the ear and fever.

I gave her Capsicum 30, every 3 hours, until the pain

was relieved. This was taken and she had some sleep at night. Next morning good deal of pus was coming out of the ear and the pain was almost gone. I gave her Capsicum 30 morning and evening for one week and she was cured.

IV. Hoarseness and sorethroat, cured by Rumex. Miss L., a young European lady, came under my treatment for cough, sore-throat and hoarseness. She coughed a good deal, which was aggravated in the evening and in talking aloud.

Cold air aggravated the pain in the throat and cough. She spoke with low voice and with great effort. Tickling sensation in the throat.

Cough came on in paroxysms and followed by scanty expectoration of white sticky matter.

Rumex 6x, three times a day, on the 27th of January, 1914.

Better next day ; not much cough, and pain in the throat better.

Further improvement was noticed in three days and the medicine was stopped.

29th January. Better in every respect, wanted some stonger medicine for loss of voice.

Placebo one powder three times a day.

Much better again and the same placebo powders continued.

She was all right, no other medicine required.

Clinical Cases.

B. FINCKE, M. D., BROOKLYN N. Y.

Case 1.

Miss Mary K., an Irish girl, 21 years. Dark complexion. Nervous.

1876. February 2. Swelling of the left sub-maxillary glands as large as a man's fist, hard, sore all the time and tender to touch, going on for six months. At first there was a swelling farther back toward the neck which probably was opened and left an almond-shaped hard tumour. Menses every two weeks, flowing very much with black blood and shooting pain. Leucorrhœa in the intervals, reddish and big mattery lumps. Pain across back from doing her house-work. Very constipated. Doctored much with quack medicines. One gave her stuff that she could taste. She was afraid of the dispensary because they did not do right by the young woman. They treated her by no means homeopathically.

R.—Hepar. Sulph. Calc. I. C. (F.) 7 powders to be taken in water every three hours by tea-spoonfuls.

February 29. The mump is receding, less redness on which white lines are to be seen, soft and sore to touch. Pain in it even when not touched. Courses did not appear. The leucorrhœa continues like running water. Pimples inside the labia majora, burning, sharp pain under left shoulder-blade almost to fainting. Bowels better. Pain across back gone.

R.—Calc. carb. 90 m(F) one powder and 12 blanks.

March 13. The lump is decreasing and getting very soft and red. Itching behind it along the jaw-bone and stitching, but so sore, she cannot scratch it. Headache with nausea. No appetite. Menses March 1st, lasting nearly a week, flooding much without pain, after it thick and yellow leucorrhœa. This time the clothes could be cleaned better, while formerly it would leave black and yellow stains. Shooting in the womb. One time while sitting on the chamber something burst in the abdomen and away came a mass of blood and slime. She used to be so sore inside when 13 years old she was sick a week with her menstruation, then it was irregular but got well. Last May, in 1875, pimples came way up the vagina, hard like shot, burning very much. Face used to be full of pimples. Every day big lumps came away. Pain of left shoulder-blade gone. Bowels better. Has taken much brimstone.

R—Sulphur 90m (F) and blanks.

The right knee is very painful, when bending it goes all over the body. At one time had a pain going down the foot from the hips. Chill at 5 P. M. White sediment in urine. Has lost all her hair.

March 28th. Menses appeared last night without any trouble. Much headache last week all over the head. Lumps about same, soft and red with white scales on top. The swelling goes down toward the lower part of larynx, with much soreness on touching it; the place behind it less sore now. The pimples in the vagina, disappeared but the burning continues.

Yellow thick lumps almost green coming away. Urine clear. Many rheumatic pains last week. Right knee sore but better. This time no pain in back and no lumps with the menses.

R—Silicon 9m (F) in water, one teaspoonful every three hours.

June 2. The lumps are all healed up. Since a few weeks a soreness below the left shoulder and toward the median line, going in deep, without motion, not always in breathing. When coming in from the street the breathing affects her in that spot and the pain goes right in and forward to the heart. Rash in the face. Passes a great deal of pus through the vagina. Some pimples at labia majora. Menses at the right time, lasting six days, flowing very much, with pain in hypogastrium as if it would fall out below. Eats hardly anything.

After taking a few powders of the last medicine she got a sort of cholera morbus from the carbolic acid of which a great quantity was spilled on the lower floor of the house for disinfecting purposes. Such vomiting and purging set in that she thought she must die.

This lump at the maxilla was a more formidable affair than appears from this report. It had been mismanaged from the beginning; was hard and increasing all the time. She had it ten months before she came here, and was in despair of ever getting rid of it. Accidentally passing my house she saw my name on the door which re-called to her

memory the physician who many years before had cured a little girl in the Home dispensary when others had accomplished nothing. This girl had now grown to a stout, healthy woman. So the patient came in with the full confidence that I would help her.

That lump after the last description had grown to the size of a man's fist (an Irishman's, mind). A doctor who saw it wanted to cut it, but she did not allow it. The next day it broke and discharged a great deal of matter. Then it healed kindly. Also the pimples on the labia disappeared. She looks now a nice and clean young woman, as she is.

Case II. The same.

1885. May 1. Has all winter a swelling like hazel nuts at right side of neck.

R—Silicon cm (F). .

May 7. No better.

May 18. Swelling quite hard and tense, as smooth as a small pigeon's egg : softer and smaller at night.

R—Silicon 45m (F).

June 4. Swelling is there, and a smaller one lower down almost as large and a little sore.

R—Silicon 40m (F).

July 11. The lower lump is gone, the upper smaller but stops going down.

R—Silicon 30m (F).

August 24. Much smaller and softer.

R₂—Silicon 20m (F).

December 12. Gone.

Case III. Fritz Schmidt, plumber, tall and strong.

1897. Dec. 3. About two years ago in a hospital in New York a large white stone passed from his kidney through the urethra under excruciating pains. The doctors wondered how such a large stone could pass the urinary organs. I potentiated the stone and gave him of the preparation.

R—Nephodithin 45m (F). A dozen powders to take one every two months.

He felt quite well after that till December 22nd, when he noticed frequent urging to urinate and frequent urination. He took one of the above powders and the 24th and 25th in the morning he felt a small stone pass the urethra which he, however, could not save. With the passage of the stone all pains and irregularities have disappeared.

Case IV. The same.

1899. Nov. 2. Four years ago after being in a cramped position for a long time on a roof, when getting up and stretching the right leg, it cracked in the knee-joint and he could not move but with great pain. It swelled and troubled him for a week. Last month it happened again, cracking like a chicken-bone in the same place as if it were in the ham-strings. He had to keep the limb in a semi-flexed condition, and it was worse walking and ascending.

In the fall had a pain across the kidneys, and after it discharge of a turbid red urine with disappearance of the pain. The right limb appears lame.

R—Sulphur cm (F).

This helped him.

Case V. Prof. Dr. G. S. Yorkville, 82 years. 1878. Jan. 15. Suffers from gall-stones. He says he can feel them. They do not escape but cause much pain. From olden time inclined to looseness of bowels. Was treated for cancer on left cheek. He went to a cancer-doctor in Massachusetts who declared the eruption on the left malar bone was cancer and applied a paste which removed all the flesh down to the bare bone and left a large ugly cicatrix with a smooth surface about three-quarters of an inch in diameter.

R—Calculus fellis 30, 7 powders, one every night.

Jan. 24. Better on the whole. More appetite. Better digestion. On lying, especially in the night, the stones press toward the stomach from which he got vomiting of bile, bilious urine with sediment. But it was all over in twelve hours. Much flatulence.

R—Calculus fellis 30 (F), 12 powders one every night.

Feb. 10. Says he is better. A week ago one vomiting of bile, but insignificant. On lying feels the pressure in the gall-bladder, probably when the stones take a horizontal position.

R—Calculus fellis 20 (F), 15 powders, one every night.

March 4. Better. Rarely any pressure in gall-bladder. More appetite. Healthy stool and urine.

R—Calculus fellis 30 (F), 15 powders, one every night.

March 25. Saw him at a lecture in Williamsburg, when he spoke for three hours. He said he was quite well.

R—Calculus fellis 9m (F), 15 powders nightly.

April 15. Still improving. No bilious vomiting for several months. Rarely pressing and stinging in gall-bladder, which occurs only when lying and when stomach is empty. Flatulence. Stool and urine normal.

R—Calculus fellis 45m (F), 25 powders nightly.

May 9. Diarrhœa with much wind two or three times daily, like water. Pressure in gall-bladder and inclination to vomit.

R—Arsen. a. 9c (F) in water every two hours.
When better.

R—Calculus fellis 7c (F), 15 powders nightly.

June 22. Called on him yesterday a week. Diarrhœa would not yield and lasted over a week. Had also vomiting of bile again. But on the whole he thinks he is better and the stones perhaps have become smaller.

R—Calculus fellis 90m (F), 12 powders one every night.

1879. May 12. The whole year he has been well. Twice he had an attack of vomiting of bile, however without raising it. Very rarely noticed anything in the region of gall-bladder. Since a few months attacks of vertigo. Has given up snuff, beer and wine.

R—Conium mac. cm (F), and then

R—Calculus fellis 90m (F), one powder once a week.

May 24. Vertigo not yet gone. It may come from a fall on his head six or eight years ago. When he was in the habit of taking snuff, and he took a strong pinch, he would get vertigo.

R—Arnica mont. cm (F).

Nov. 9. Since a year vertigo when turning the head rapidly. Three weeks ago while walking rapidly in Central Park he fell again on the right side of his head. The sores are healed again but the vertigo has increased. Two weeks ago he could not walk straight. Yesterday he was for the first time in the park, but had a terrible night with fearful dreams.

R.—Sanguinaria can. 10m in water every three hours.

Dec. 16. Shortly after the reception of the powders got a violent influenza. Perhaps a cup of water came from the nose and eyes. Later very much slime and used-up brain passed through nose and larynx. Since that time the vertigo ceased and now he is almost quite free from it. The gall-stones are tolerable. Sometimes they still cause pain, probably when they assume another position. He also in the last year had once or twice vomiting of bile, but it went over rapidly and only very little bile was thrown up. Formerly he had to stay in bed for a whole day with such attacks, and the urine remained bilious for five or six days.

Dec. 17. Calculus fellis. 9c. (F).

This was the last of the gall-stones.

“ (Trans., I. H. A.)

DIRECTIONS FOR CANCER PATIENTS.

1. Cancer is a serious disease which should receive constant medical care from the time it is first suspected.

2. Cancer specialists, who advertise, should be avoided.

3. Cancer is not contagious, and there is no danger of communicating the disease to others.

4. Cancer is not a disgraceful disease, and there is no reason of being ashamed of it or hiding it.

5. As soon as cancer is suspected, whether there be a lump, or sore or other symptoms, it should be at once cared for by a competent medical man, as the earlier it is treated, the more prospect there is of its being cured.

6. Anything suspected to be cancer should not be handled or squeezed, but should be kept from all irritation, as all this spreads the trouble and renders the cure more difficult.

7. When it is decided that a surgical operation is necessary, this should be done completely at the earliest possible moment ; delay is dangerous.

8. The proper medical treatment of cancer should never be neglected, both at the very beginning, and also after an operation has been performed.

9. It is not necessary to operate on every cancer : x-ray and radium are often of value, and the disease may disappear and remain absent under proper dietetic and medical treatment.

10. This treatment consists in an absolutely vegetarian diet, with continuous proper medication for a long time.

11. To get favourable results this treatment should be kept up strictly until discontinued by the physician.

A strictly vegetarian diet should be closely adhered to. Coffee, chocolate and cocoa, as also alcoholic drinks, even beer, are harmful and must be avoided. The rules subjoined are also to be strictly observed.

The bill of fare, as outlined in cancer hospitals, should be repeated on successive days.

Some interchange of the different articles may be made to suit the appetite or convenience of patients ; but in the main this bill of fare should be followed. Bread at least 24 hours old may be taken as desired.

A little old cheese may be granted on the macaroni and spaghetti, but not cooked with it.

One boiled or poached egg may be taken for breakfast every other day, and very fat bacon on the alternate days, unless otherwise directed by the physician. It is desirable to eat the skin of potatoes.

Each and every meal should be eaten very slowly, for half an hour, with long chewing.

One tumbler of water is to be taken with each meal but not when the food is in the mouth ; also a tumbler full of hot water an hour before breakfast and supper. No milk is to be taken unless specially ordered.

The cereals are to be boiled with water, three or

four hours and may be cooked in the afternoon and heated in the morning, adding more water. Rice, farina and cream of wheat require only an hour. Chopped dates, figs, raisins or currants may be added to cereals when desired.

All the cereals are to be served very hot on hot plates, and eaten with butter and salt to taste (not milk and sugar). They are to be eaten very slowly, with a fork and very well chewed.

The crackers with supper may be varied to suit the taste ; they should be eaten dry with butter and chewed very thoroughly. Nothing should be taken between meals, unless specially directed, and the life should be as simple and healthful as possible, with early and long bed hours.

PNEUMONIA COMPLICATING MEASLES.

(Continued from page 96, No 3, Vol. XXV.)

The treatment should take into consideration the management of the pre-existing measles. The cases that are judiciously treated in well ventilated, sunny apartments, where they are kept separated, are much less apt to develop complications than are those in dark and damp dwellings, in cold and drafty rooms, or where several cases are kept together.

During the febrile stage, if pulmonary congestion seems impending, *veratrum viride* is recommended. For pneumonia as a developed complication *bryonia*, *phosphorus*, *sulphur* and *tartar emetic* are very useful.

Other remedies which may present equal or superior claims to our consideration in certain cases are carbo veg., calc. carb., ipec., kali carb., kali iodide, kreasote, lycopodium, opium, senega, and spongia. The particular indications for each are well known and the condition in question is one of the many where careful individualization and judicious selection of the remedy which most fully meets the indications, will enable us to save many a desperate situation.

In closing I feel that I should mention the fact that among the organisms present in the bronchial pneumonias complicating measles may be not only the pneumonococcus also known as the diplococcus of pneumonia, but also that other varieties of micro-organisms are quite capable of setting up a pneumonia ; among these are the streptococcus pyogens, staphylococcus pyogens, the bacillus pneumoniæ, bacillus influenzae, bacillus coli and bacillus tuberculosis. The presence of the latter bacillus will explain the failure of some cases to clear up.

—*The North American Journal of Homœopathy.*

SARSAPARILLA.

It is an antipsoric, antisycotic and antisiphilitic remedy, greatly abused by the allopathic doctors and very little used by the homeopathic physicians. In gonorrhœal rheumatism when it becomes chronic this medicine is of immense value. In neuralgic affections of the kidney, especially caused by passage of renal calculi, Sarsaparilla gives prompt relief.

Lycopod is useful if there is red sand in the urine. Urine is clear but on standing red sandy sediment settles down. But in Sarsaparilla white sand deposits and urine is loaded and cloudy, not clear.

In renal colic and passing of calculi either from the kidney or bladder, Sarsa gives speedy relief and often effects a permanent cure.

Stones and gravels in the urine.

Almost unbearable pain in passing urine, at the conclusion of making water. This is characteristic.

In stone from bladder, urine is bloody.

Straining in urination is important.

Can pass urine better on standing. Dribbling on sitting down, or drop by drop.

In enlarged prostate when the urinary symptoms are present, Sarsaparilla is to be thought of. In marasmus of children the efficacy of Sarsaparilla is unique.

Skin in folds and hanging, neck emaciates most. Differential diagnosis of this medicine with many others must be carefully made. Such powerful medicines as Iodium, Natrum mur, Abrotanum, Argentum nitricum, Sanicula and Lycopodium must be considered and their peculiar and characteristic symptoms ascertained before prescribing.

After the suppression of gonorrhœa, if rheumatism appears, it is benefited by Sarsaparilla. Pulsatilla is also very useful in such cases. Urinary difficulty differs much from the latter remedy. Nocturnal emission and sometimes bloody emission.

In bone pains, mostly of gonorrhœal origin, it is of very great value.

Headache from suppressed gonorrhœa.

Skin eruptions of syphilitic origin.

Skin in folds and puckered ; cracks in skin, especially of fingers and toes.

It is one of the best antidotes for abuse of mercury.

When in a patient mercury and syphilitic poisons are noticed, Saraparilla is one of our great helps. In psoric and syphilitic patients *Corallium rubrum* proves most efficacious.

Nipples are retracted and depressed, sometimes dried up.

In former times we used to give it in the lower potencies—the third and sixth, and not higher ; but now-a-days thirtieth and two hundredth potencies, prove their value in prompt and prominent cure.

P. C. M.

Notes and News.

Writing about *Nux vom*, Dr. Nash pointed out that such symptoms and characteristics are alone insufficient. Such symptoms as “*Nux* will benefit persons who have been drugged by mixtures, bitters, herbs or so-called vegetable pills &c.” “This is putting it in too wholesale a fashion. It would be true if said that *Nux vom* will often benefit such cases. The fact is that it will benefit those cases in which the use of such drugs, aromatics, pills &c. has brought

about a condition that simulates the symptoms produced by the provings of *Nux vom*, or in cases to which it is homeopathic, and no others. Another fact is that these things often *do* produce such a condition, and that is one reason why so many physicians are almost invariably prescribing *Nux vom* the first thing, in cases coming from allopathic hands, without even examining the case. But it is unscientific. We have a law of cure, and there are cases in which the *Nux vom* condition is *not* present but another more similar remedy must be given. It does not alter the case to say 'Well, I did not know what had been given' for *Nux vom*. will neither antidote the effects of the drug poison nor cure the diseased condition unless it is homeopathically indicated, especially if given in the dynamic form."

At a meeting of the Calcutta Homeopathic Society the following officers were elected for the present year.

Dr. D. N. Roy...President.

Dr. G. L. Gupta...Secretary.

Dr. Monmatha Nath Ghose	} Asst. Secretaries.
and Bolye Chandra Dutt	

We are extremely sorry to learn that our esteemed friend Dr. Bepin Vehari Chatterjie has been compelled to leave Calcutta for ill health. He has almost retired from his very busy practice and is now staying at his native village, Halishahar, near Naihaty, one of the stations of the Eastern Bengal Railway.

Our esteemed friend Dr. D. N. Roy is down with gouty inflammation of his feet. We hope a speedy and permanent cure. The doctor is confined to bed much to the disadvantage of his numerous patients. His worthy nephew Dr. S. K. Nag is working for him. We are glad to learn that the doctor is much better.

A very interesting and pleasant function was performed by the Final year students of the Calcutta School of Homeopathy and Medical College, at the school premises, No. 265, Upper Circular Road, on Wednesday the 16th of February. They presented an address of gratitude to Dr. P. C. Majumdar and his Colleagues, the professors of the College. After the reading of the address, Dr. Majumdar suitably replied and thanked the students for their good behaviour and attention to their studies which endeared them all to the professors of the college.

Dr. Majumdar told them to be attentive and kind to their patients and try to spread Homeopathy in different parts of our vast country. By doing this they will be able to brighten the name of Hahnemann and spread the blessings of Homeopathy all over India.

After this a photo of the professors and students was taken and tea and light refreshment were served to all. The meeting dispersed after three cheers to the President, Dr. D. N. Roy, and other members of the teaching staff of the college.

Here is the address :—

A tribute of gratitude to Dr. P. C. Majumdar, M.D.,
and his colleagues.

Sirs,

We, the students of the Homeopathic Medical College, Calcutta, crave leave to approach you with feelings of deep gratitude and profound respect on this most solemn occasion, when we are on the eve of completing our medical career and entering the world for a decent livelihood.

We do not find words to convey to you our feelings of deep indebtedness for the fatherly care and attention with which you have always treated and educated us, when we were mere novices, apt to stray from the path of righteousness and virtue.

We cannot hope fitly to describe the amiability, the gentleness, the frankness and the uprightness by which your conduct towards us has always been guided.

We need hardly say that you and your worthy colleagues were the first to found a Homeopathic College on an organised basis and that your noble example has been followed by a number of illustrious men here, and we confidently hope that in the near future, many such colleges will spring up in India and will impart the blessings of medical knowledge to her inhabitants.

We have hardly any power to describe adequately the masterly, yet lucid manner in which you and your worthy colleagues have explained to us the difficult

science of Homeopathy which, but for your noble and disinterested efforts, would have been still in its infancy in India.

We flocked here from different parts of India in the hope of obtaining an insight into the abstruse science of Homeopathy and we are glad to tell you that we now go out into the wide world, fully equipped to combat any disease that we may have occasion to treat.

We now respectfully offer to you and your worthy colleagues our humble and sincere tribute of gratitude and respect at this advanced period of our career and we fervently pray that, amidst your varied and multifarious duties, you may not forget us, your pupils who will always fondly look up to you as their spiritual guide and with reverent gratitude to their Alma mater which fed their intellectual cravings for a number of years.

CALCUTTA,
Dated the 16th February,
1916.

We remain, Sirs,
Your most obedient pupils,
The students of the final
year class,
Homeo. Medical College,
CALCUTTA.

PHOSPHORUS, CARBO VEGETABILIS, ABIES NIGRA.

JAMES W. FOX, M. D.
Brooklyn, N. Y.

1. PHOSPHORUS IN PROCTALGIA. No accurate diagnosis was made in this case, and the name "proctal-gia" is used for convenience only ; probably "rectal spasm" would be better, though the stools were not ribbon-like. The patient was a man about eighty years of age. He was seen at the dispensary of the Cumberland Street Hospital, where we have not much time and no quick facilities for rectal examinations. For about a year past he had suffered from obstinate constipation, severe pains in the rectum and down the posterior surface of the thighs. What stools he passed were thin, round, of varying lengths and looking like slate-pencils in shape, or like match-sticks. This latter symptom led to the prescription of phosphorus 6x with speedy relief of the pains and the constipation. This man had been to other dispensaries, and, so far as he knew, had been given cathartics only,—without any relief.

2. CARBO VEGETABILIS AS A TONIC. This patient, a rather frail woman, had suffered an attack of influenza some months before calling on me. She treated herself for this illness, but had not regained her usual health. Examination showed a pulse of 108, temperature 99.3-5, crepitant rales scattered through lungs, sleep and appetite impaired, night

sweats, losing weight, tires easily, no energy ; some occasional cough ; menstrual period lasts five or six days, which is longer than before having the grippé. A Moro test was made and she was given carbo veg. 30, a powder night and morning. An important point leading to this prescription was the fact that she had never fully recovered from the previous illness. When next seen, the patient felt better "than she had for months" and has regained her health. The tuberculin test was negative.

3. ABIES NIGRA IN INDIGESTION. This patient had been given arg. nit. 6 for an acute attack of dyspepsia, with much benefit. Feeling well, she overstepped the diet ordered and came to the office complaining of some return of the trouble,—painless this time,—consisting of a feeling after each meal as if there has been a "hard lump" in the epigastrium. Abies nigra 3x gave relief and she has since been able to eat what she pleased.

—*The North American Journal of Homœopathy.*

HOW I ATTAINED A FIRM FAITH IN HOMEOPATHIC SCIENCE.

In the month of January, 1915, I went to Lab-pore in the district of Birbhoom for treating Malarial fever. I remained in sound health for two or three months and saved many people there from the cruel jaws of the dreadful malady. Afterwards I myself fell a victim to it. By homeopathic treatment I was cured

of the fever within two or three days, but the least irregularity in diet &c. brought on a fresh attack. In this way a period of five or six months was past and I was *totally stricken* with the malarial poison. My health was broken down too much and I was so much disabled that I was to come back to my native village, Kandi, Murshidabad. At that time I got my spleen and liver enlarged, and my body became yellow. In a word, all the symptoms of bloodlessness was quite apparent. My relatives earnestly requested me to place myself under Kabiraji or Allopathic treatment. But I had a firm faith in Homeopathy, as I had cured good many people of this malady by the help of this system of medicine before I fell a victim to it. I was again attacked with fever owing to some irregularity in diet. The fever began from 1 or 3 P. M. In the evening the temperature rose up to 106° and I became senseless.

One day, Dr. Jotindra Nath Banerjee, a friend of mine, came to see me and at 9 p. m. saw my temperature rise up to 107° . After this my body began to perspire and my temperature fell down to 96° and then I came to myself. During the state of perspiration I could not help taking a dose of Arsenic 200.

The fever continued for two or three days and then left me. At first I took a dose of Arsenic daily. Then, I used to take one dose of the medicine every fourth or fifth day. Gradually my spleen and liver became smaller and I felt a little invigorated from day to day. But owing to a very slight irregularity

in diet the fever relapsed again. My relatives and kinsmen were almost hopeless of my recovery and according to their direction I was obliged to take 3 bottles of Dr. D. Gupta's patent medicine to my great reluctance, one after the other.

No sooner did I stop using the medicine than I got another attack. Then again, when I began to use it, the fever seemed to leave me. Thus suffering continually for seven months, I again began to take homeopathic medicine. I, then, told my friends and relations that the real medicine had not been used upto this time and it was because of this fact alone that I repeatedly fell a victim to the disease.

Now, I wrote a letter to Dr. J. N. Majumdar, my preceptor, the most enlightened and eminent physician, praying to be under his treatment till my recovery. He granted my prayer and asked me to come to Calcutta.

I came here in the month of December, 1915. Before I came here, I was free of fever for a fortnight. Two days after my arrival I was again attacked with fever at 12 o'clock, attended with great chill, lasting for 3 hours together. The temperature rose up to 104° and I felt pain all over my body. On the day following the fever was less, but the pain became greater than before. On seeing me Dr. Majumdar administered 2 doses of *Eupatorium perf 6x* to be taken daily. The next day my fever abated with perspiration. My weakness was gone and I began to feel better. I took only 8 doses of the medicine in

4 days and no more and got rid of the disease. Now my appetite improved and I began to eat too much and even to take my tiffin from the bazar. The ill effect of such irregularity in diet was soon felt. Again the fever made its appearance and diarrhœa set in. I had five or six stools daily. Within two or three days I was as weak as before.

About this time I felt a slight chill and the heat lasted for five or six hours and subsided with perspiration. At the time of perspiring I felt thirsty once or twice. At that time the Doctor forbade me to take the tiffin from the bazar. I did not venture to tell him about the relapse of the fever as it was due to my indiscretion in diet. At the sight of my sickly appearance he enquired as to whether I was suffering from fever. He said "Again you look bloodless, use China 6x, two doses daily."

Thus, using this medicine, I was cured of the fever and my stools became natural and I began to feel a little improved. Within 20 or 21 days my liver and spleen totally disappeared and my health was restored.

Previous to this, I used many times China and Eupatorium, but with no effect. The failure is chiefly due to the using of medicine bought from unreliable Homeopathic firms.

My eyes were now opened to the mistake of using medicine of unreliable firms prepared by untutored hand—medicine, on which the life of so many people,

dépende. It is by no means proper to use medicine of the like nature.

Now, brethren ! it is my earnest request that, if you have any desire of gaining reputation of saving patients under your care from diseases, or if you wish to improve the art of Homeopathy, please never fail to use medicines prepared by a reliable firm and be not allured by the cheapness of price. The unreliable firms are a great bar to the advancement of Homeopathic Science. Upon medicine alone depend the life of the patient and the reputation of the physician. Suppose, the doctor sees the symptoms of a disease and prescribes its proper remedy ; but if the medicine is not genuine, it has no effect and all the work is in vain.

Dr. T. B. MUKHERJI.

Book-Review.

KEY-NOTES OF THE

HOMEOPATHIC MATERIA MEDICA

By

Dr ADOLPH VON LIPPE

Edited

by

Donald Macfarlan, M.D.

with

an *introduction*

by

William B. Griggs, M.D.

Philadelphia.

Boericke and Tafel, 1915.

This is a little book by the late Dr. Lippe whose contributions

to homeopathic literature are unique. We are grateful to Dr. Macfarlan for bringing out an English edition for the English reading public.

The key-note symptoms given here are new and peculiar and they will be greatly appreciated and usefully employed by the homeopathic profession in general. But we are sorry to see that all the leading remedies are not included in it. Such important medicines as *Argentum Nitricum*, *Lachesis*, *Nux vom*, *Pulsatilla* &c. have been left out of consideration. This is no fault of the translator, the author did not touch the medicines in his notes.

However, with all these omissions, it is a very useful handy book. We recommend this to the students of our colleges and busy practitioners.

It is very nicely got up.

HAHNEMANN AND HIS ORGANON

(*Outlines*)

with.

Model Questions

and

Hints for their answer

By

S. N. SEN GUPTA, L. H. M. & S.

In the beginning of this pamphlet a few pages are devoted to the life and workings of our Master. Then he commences an outline of the Organon. We are greatly pleased with the effort of the young author, especially in this country where such a masterly book as the Organon is not read by many homeopathic physicians. We recommend the book to the homeopathic students of our colleges.

*** The article on "Natural Defence of a Living Human Body" published in the previous issue of this journal was written by Dr. H. P. Das of Simla. It is regretted that his name was not printed at the end of the article by an oversight."—EDITOR.

THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

— HAHNEMANN.

VOL. XXV.]

MAY, 1916.

[No. 5.

KALA-AZAR.

This disease has become so common now-a-days that it behoves us to take into consideration its etiology, pathology and general treatment in detail. Formerly it was supposed that Kala-Azar was only prevalent in Assam, but now-a-days it is found almost all over Bengal. According to ordinary rational school ideas, any chronic case of fever with enlarged spleen and liver, that does not yield to Quinine, is looked upon as Kala-Azar.

Definition—It is an infectious disease, which runs a peculiarly chronic course in warm countries, and is characterised by fever which has a peculiar double accession and which is not at all influenced by quinine, and with it there is generally a hypertrophy of the spleen and also of the liver, along with other gastro-intestinal symptoms, such as diarrhoea and dysentery. Osler has put it in the category of specific

infectious diseases and calls it Leishmaniasis after Leishman the discoverer of the parasite and describes three forms of it :—the Indian Kala-Azar, the infantile Kala-Azar and the tropical sore. Leishman discovered the parasite in 1900 and it was subsequently studied by Donovan. It is a protozoon of very constant form, living in the cells of the spleen and bone-marrow.

The disease is widely prevalent in India particularly in Assam. In fact Assam is considered to be its endemic home.

Etiology.—Rogers believes that the bed-bug of India is the chief agent in transmitting the disease, as he found that the infected parasite in the bed-bug underwent development into flagellate forms. The Leishman Donovan bodies have been found in the blood by splenic puncture. The *Cimex lectularius* is the intermediate host ; this view has been held by Patton and others also. It is also generally observed by people who have had the disease, that they have shared the same bed with people who have been suffering from Kala-Azar previous to their becoming subject to the disease, and the Indian bed-bug is always found in the bed.

The incubation period is generally 10 days.

Symptoms :—All the symptoms of chronic malarial cachexia are found in the patients suffering from Kala-Azar. The fever assumes a chronic character and does not yield to treatment easily. The patient becomes pale and anæmic, The spleen is enormously

enlarged. The liver is also hypertrophied. Sometimes the spleen becomes very painful. The diagnosis is generally made by bacteriological examinations.

Treatment.—General treatment is not of much avail. Perhaps it is just as well that we should mention about the prophylactic treatment right here because it is of greater importance. * “Guard against the bites of insects when in an endemic area or near a patient. In the endemic region it is safer to isolate all patients and burn their fomites. The disease should be considered infectious and all ordinary disinfecting measures should be adopted. Some Indian physicians think the hypodermic injection of Antimony to be of great benefit. Osler suggests the Atoxyl treatment and mentions the use of Salvarsan which is of doubtful value.

Homeopathic treatment.—The homeopathic materia medica abounds in medicines that are useful for the treatment of cases of chronic fevers. I need only refer the reader to Allen’s masterly work on fevers. Of the remedies that are generally found useful the following come to my mind :—Arsenic, China, Eupatorium perfoliatum, Ipecac, Natrum mur, Nux vom, Sulphur &c.

But there is one remedy that I want to lay particular stress upon and that is the *Cimex lectularius*. We have used this remedy and with marked benefit long before the discovery of the etiology of Kala-Azar.

I do not know if there is any similarity between Kala-Azar and the action of *Cimex lectularius*, but my attention was first drawn to it by Prof. H. C.

Allen of Chicago, who suggested its use in cases of ague. I have since used it with marked benefit in cases where the patient lay huddled up together with the knees and elbows almost meeting i. e. where the hamstring tendons feel short and also in the double accession of fever with bursting headache which nothing seemed to relieve (Natrum mur and Am. mur). Boericke thinks it of use in intermittent fever with weariness and inclination to stretch. Hamstrings feel too short.

There is violent headache, with sometimes rage and delirium. The fever is characterised by chilliness of the whole body. Pains in all joints as if tendons were too short, especially knee joints. Chill worse lying down. Thirst during pyrexia but little during chill and still less during the hot stage and none during sweating. Constipation like that of plumbum. Pain in liver, as if strained. Liver painful to the touch. I have verified this and Cimex relieved where Carduus mar failed.

In his analysis of Cimex, Allen mentions the following :—Thirst, can drink only during prodrome. Contractions of joints as if tendons were too short. Gaggling, belching or vomiting (Gastric irritation) Drinking causes vomiting.

Cimex is the intermediate host in the etiology of Kala-Azar, that has been proved scientifically. Cimex is a good remedy in agues of certain types. I have given you the symptomatology and here is my analogy and inference and I will let you draw your conclusions, (Homeopathy scientifically proven). J. N. M.

SOME THERAPEUTIC HINTS.

Calcarea phos. 6x, one dose a day of five tablets over a period of several weeks has given marked relief in cases of enlarged, or otherwise troublesome tonsils.

Chelidonium majus is Burnett's great "organ remedy" for the liver, tincture, 5 drop doses about three times daily. Will clear up the greater part of liver ills.

Ceanothus Americanus 1x dilution three times daily, 5 drop doses, is the "organ remedy" for ills of the spleen, which ills by the way are very often attributed to the heart.

Fraxinus Americanus, tincture, 5 to 10 drop doses three times daily is the great "organ remedy" for the uterus,

Aethiops antimonialis 3x trituration was Goullon's great remedy for scrofula in all forms, especially ophthalmic. Dose, 5 grains, or tablets, morning and evening. Useful also in conjunctivitis, keratitis, blepharitis glandulosa, otorrhea and diseased glands.

Aurum muriaticum natronatum 3x trituration 5 grain doses, or tablets, three times a day, according to Goullon, will do more than anything to relieve the chronic evidences of syphilis.

Bellis perennis. Cloths wet with the tincture of *Bellis per.* is about the best application that can be made for sprains. Also give a few drops internally.

Any torn, cut or bleeding flesh to which *Succus*

calendulæ is applied will heal rapidly and is not apt to suppurate. It is a better dressing than bi-chloride because it is healing.

Clinical Cases.

I. ABDOMINAL CASE.

Quamoriah Miah, a boy of about 17 years of age, reading in the Serampore Weaving Institute, had an attack of colic pain on the 4th. of March, 1916. His bowels did not move for 3 days and the boy was naturally constipated. As the students of the Government Weaving Institute are generally treated by Government hospital doctor, this boy was also sent to the Hospital for treatment. Having had the impression that the abdominal pain was due to obstinate constipation, the hospital surgeon was justified in every way to have his bowels cleared and so he gave the boy purgative pills first and then other medicines for some days. His bowel was moved, and the boy had copious stools but the pain was not cured. The pain continued in the same intensity as it was before the movement of the bowel. The boy's uncle Mortara brought the boy to me for Homeopathic treatment on the 8th of March, 1916. The character of the pain was like this. The whole part of the upper abdomen (extending from the umbilical region to the spleen) was very much tender on pressure. The pain was not very acute in the day time but it assumed a horrible character

and became unbearable just at 6 or 6½ p. m. and continued in the same state up to 3 a. m. in the night and sometimes for the whole night. The patient could not describe the exact nature of the pain during the paroxysm but sometimes he said it was of a lancinating and needling character after which the pain became less. My first medicine was Nux•vom 30 and then I tried Apis mel 30, Chell 30, Nat mur 30, China 30, Calc c 30, and Rhus Tox during paroxysm but I feel ashamed to say that none of them had any effect for the next 6 or 7 days. On the 16th of March I gave him 4 doses of Lycop 30; a dose of Lycop just at the commencement of the attack stopped the pain, and two or three doses more relieved the patient. Five days after the cure, the patient went down home near Calcutta to attend a marriage ceremony, and took rich food—Loochi and Polou in the night of the 22rd March and the next day he was again attacked with excruciating pain of the same nature. He came back to me on the 25th of March and narrated the history. I gave him Puls 30 but to no effect. Next day I gave him Mag-carb 30 which cured him.

II. A PLAGUE CASE.

Babu Monindra Nath Sinha of Habibpur, aged about 24 years, had an attack of Bubonic Plague on the 9th of March, 1915, when he was residing at Khagrah in the Monghyr District. He was removed to Calcutta on the 11th when his younger brother was informed by the doctor of the place that it was a

purely Bubonic Plague case. And just after his arrival at Calcutta he was placed under one of the renowned Allopathic doctors of the town. He began treatment with constant cold application on the head for the unbearable headache and congestion of the head, as a consequence of which double pneumonia was formed and the case was given up as hopeless. The patient had some connection with me, and he sent for me on the 13th. of March, afternoon, for Homeopathic treatment. I reached Calcutta in the evening and saw him in the following state. The patient had high temperature of 104, congestion of head, delirium, constant nausea (aggravated after taking anything), with restlessness and thirst. The crepitation sounds were clearly audible on both sides of the lungs and a huge bubo was seen under the right axilla with such excruciating pain that he had scarcely any power to lift the hand. As it was quite impracticable for me to attend the patient regularly from Serampore to so long a distant place as Calcutta. I was compelled to take the help of another local doctor. I was fortunate enough to call Dr. J. N. Majumdar for consultation. The first medicine prescribed for that night was Belladonna 30, every 4 hours. Two doses of Bell gave no relief, rather the nausea symptoms seemed to be more prominent after midnight and the patient vomited twice during the course of 2 hours and was very much prostrated. I was compelled to change the medicine and gave 2 doses of Ipec 30, every 4 hours for the night. This proved very much

efficacious, the vomiting stopped, nausea much abated and he had also a little sleep in the latter part of the night. In the morning the temperature fell below 100. Dr. J. N. Majumdar was called at the time and he saw that Ipec. had its desired effect. He advised to give a dose of Ipec 200 and no more medicine for that day. I left the patient under his sole care and started for Serampore at 9 A. M. Next day when we came to see the patient we saw him in a much better state. 2 doses of Ipec 200, 4 doses of Merc sol 30, 4 doses of Arsenic 30 and 4 doses of Phos 30 removed all the other symptoms and the patient was all right in the course of a week. During the fever the diet was strictly sago and milk and with the convalescence of the case, the diet was changed to bread, milk, rice and fish-soup.

III. CHRONIC COUGH WITH TONSILITIS AND SORE THROAT.

Babu Hari Das Ghose of Ballavpore, aged about 40, had been suffering from chronic dyspepsia for more than 9 years and took several sorts of medicines for cure. Sometimes he looked better and sometimes suffered from flatulent colic, acidity, vomiting etc. and in this way he passed his life most miserably. Over and above this, in November last he was attacked with violent profuse coryza with copious watery discharge from the nose and flow of tears accompanied with feverishness and constant cough. He was almost cured of the acute symptoms by taking drastic medicines

but he was not completely cured of the cough, which was generally aggravated in the night. He came to me for treatment on the 12th of March. I examined him thoroughly and saw that mucous membranes of the fauces and tonsils were inflamed and from time to time he felt difficulty in deglutition but his lungs and chest were free from any complaint. I gave him Lach. 30, 4 doses, once a day and a few powders of Saclac. He came to me after 4 days. He was much relieved and the constant cough much abated but did not disappear altogether. I gave him a dose of Lach. 200 and a few powders of Saclac and asked him to see me after a week. But the next time when he came to me, I marked no further improvement. I gave him Kali Carb 30, 4 doses, once every morning, and a few powders of Placebo, twice daily. This cured him of his throat complaint and cough. But chronic dyspepsia was still persisting almost in the same state. I gave him Calc carb 30, 4 doses to be taken on every alternate day. The gentleman was very unwilling to take any further medicine for his dyspepsia and told me that it was incurable, and altogether gave up the idea of treatment of any sort.

IV. DYSENTERY.

Babu Charu Chandra Bhar, aged about 27, first son of Babu Rakhal Das Bhar, Serampore, had been suffering from an attack of acute dysentery from the beginning of the month of October, 1915. He was at first treated for 3 weeks by the combined intellects

of 3 best Allopathic doctors available here and was for the last 12 days under the treatment of the renowned Kavirajes of the place. Rakhal Babu, then, came to me and requested me to treat his boy on the 1st of November, 1915. I went to see his son in the morning. He was very restless, had severe lumbago and was suffering from an excruciating pain throughout all the parts of his intestines. The temperature was 99. He had nausea and a little cough. Sometimes he was sitting, sometimes he was rolling on the bed, having a pillow on his abdomen. Rakhal Babu said his boy had been in that state for a month ; he was little better for 2 days when under Kaviraji treatment but only living entirely on sago, barley and pomegranate juice. The patient did not have many stools which was neither great in quantity. He used to pass five or six stools during whole day and night. The stool was of greenish mucus mixed with little particles of blood here and there. The peculiarity of the pain was that there was always pain and it was aggravated just after passing stool for 1 or 2 hours and was quite unbearable and indescribable. At first I changed the diet from sago to light boiled rice mixed with simple fish-soup, and skimmed milk and now and then pomegranate juice, sugarcane and sugarcandy. I gave 2 doses of Bell 30, followed by 2 doses of Ipec. every hour. The report at 5 P. M.—The patient was better, and had only 2 stools and the pain was not so acute after stools. The patient was disturbed by cough from time to time which aggravated the pain.

I gave 3 doses of Bry 30 for the night. He was much better in the night and had also a little sleep for 3 to 4 hours, and had only one stool just after rising from sleep, the colour of the stool being yellowish green. I gave three doses of Natr sulf 3x to be taken every 4 hours. Next morning he was almost all right except that there was a little pain in the loins. I had to use one or two doses of Nat, mur 30 and Rhus tox 30 to relieve him of the pain. He was completely cured in 5 days. The gentleman who was under all the big and gigantic Allopathic doctors of the place and was suffering so long, has been cured by a few doses of Hahnemannian drugs within the course of 5 days only. In order to testify the truth I ask the blind and staunch believers of Allopathy to come and see the case.

DR. DAKHINA RANJAN DUTT,
Serampore.

SOME NERVOUS PHASES OF SYPHILIS.*

BY HARRY B. BALLOU, A. B., M. D.

Westborough State Hospital, Westborough, Mass.

Soon after syphilis had made its appearance in Europe in 1497, various investigators began to suspect that it was responsible for certain nervous manifestations, and to speak of headaches, neuralgia, epileptiform attacks, and paralysis, as due to the disease. As early as 1672 Willis seemed to have some conception of what we now call general paresis. Progress, however,

* Read before the Boston District of the Massachusetts Homeopathic Medical Society, March 2, 1916.

was slow, and not much was done to make clear the effect of syphilis on the central nervous system until 1847, when Virchow laid the foundation for our present knowledge of the disease.

Since then a great deal has been done to clear up the perplexing question and give a workable knowledge not only of the clinical symptoms and the pathological changes, but also of the relation between the acute disorders and those of later onset. Nissl and Alzheimer have fully established the histo-pathology; Schaudin has shown the exciting agent to be the *spirochæta pallida*; Moor, Noguchi, and others have demonstrated the parasite in syphilitic gumma of the brain and spinal cord, in syphilitic meningitis, in congenital syphilis of the nervous system in the cerebro-spinal fluid, and in the parietic brain and spinal meninges of tabetics, thus making clear the etiology even in the heretofore obscure para- or meta-syphilitic disorders. This, however, did not complete the task, for the manifestations of the disease were so varied as to still baffle the diagnostician and it became apparent that something more was needed before the knowledge already gained could be put to a practical use. Therefore, along with the work already done, Neisser, Metchnikoff, Wasserman, and others, were able to so perfect the laboratory technic as to render the diagnosis comparatively certain, especially when the results of the laboratory tests are considered in conjunction with the neurological findings.

The value of these laboratory tests can perhaps be

better appreciated when we realize that they furnish not only a ready and the most reliable means at hand for determining the presence or absence of syphilis in any obscure nervous disease, but also enable us when considered in conjunction with the neurological findings to differentiate fairly accurately the acute syphilitic nervous disorders from paresis, tabo-paresis, and tabes. Thus it seems that practically all forms of early syphilis of the nervous system show a positive Wasserman reaction in the blood. In the cerebro-spinal fluid the Wasserman reaction is also positive in practically all forms of cerebro-spinal syphilis, but in paresis the reaction appears to be more uniform with a smaller quantity of the fluid. On the other hand, in syphilis without the nervous involvement, the cerebro-spinal fluid usually gives a negative Wasserman reaction. The cytological examination of the cerebro-spinal fluid shows a positive lymphocytosis in cerebro-spinal syphilis, in paresis, and in tabes without paresis, the number of cells, perhaps, merely showing the activity of the inflammatory process. The cell count is apparently of great importance, for Sicard, Ravant, and others have shown that especially in paresis a pleocytosis may antedate the onset of the neurological symptoms by as long as two years. The chemical examination of the fluid shows an increased globulin content in all three diseases, but this reaction is thought to be an especially characteristic feature of paresis. *

* Diseases of the nervous system, Jelliffe and Cripe,

Several clinical forms of cerebro-spinal syphilis have been mentioned, although apparently it is seldom that a syphilitic infection of the brain and its meninges furnishes a pure clinical type at least in the acute stages of the disease, for the reason that if the arteries of the brain are attacked there is almost sure to be an accompanying gummatous formation or a meningitis either of the base or convexity, or both, thus giving rise to a confusion and multiplicity of clinical symptoms, the nervous phenomena depending largely on the location and the extent of the pathological process.

In the vascular form of cerebral syphilis, it is the arteries of the brain that are first attacked. There is an infiltration of the adventitia and a proliferation of the intimal endothelium which gradually reduce the lumen of the arteries, often causing a complete occlusion with a resultant area of softening or degeneration of that section of brain tissue supplied by the vessel. Sometimes, instead of the larger arteries being involved, the smaller ones in the cortex are the seat of the change, and we get a syphilitic endarteritis. Therefore, as the disease progresses some patients may show a picture similar to general paresis or may exhibit focal symptoms such as mild transitory palsies, monoplegias, speech disturbances, apoplectiform attacks, and sooner or later permanent paralysis. Clinically, the prodromal symptoms of headache, dizziness, irritability, insomnia, lack of interest, and inefficiency, often appear within a few months after infection.

In the basal meningitis there is a thickening of the meninges, and possibly a gummatous formation, the process frequently extending in all directions, invading the brain, affecting the entering and emerging cranial nerves, and even spreading to the spinal meninges. Under such conditions the optic chiasm is frequently involved, and the boring, stabbing headache with nocturnal exacerbation is often accompanied by vomiting and choked disc. As the diseased process digs deeper and deeper into the brain, oculomotor palsies and a variety of other symptoms both neurological and mental may develop. Still another picture ensues when gummata of the cranial bones and a meningitis of the convexity involve the motor area, causing epileptiform seizures which may perhaps continue over a period of years.

Besides the syphilitic diseases of the nervous system already mentioned, there is another group, commonly known as the para- or meta-syphilitic disorders. The onset of these diseases, general paresis, taboparesis, and tabes, is insidious; the varied manifestations, both mental and physical, seldom becoming prominent until from seven to twenty or more years after infection. Just why any distinction should be made between cerebro-spinal syphilis and the later manifestations of the disease, has apparently never been satisfactorily explained, but it is interesting to note that less than four per cent of those infected with syphilis develop either paresis or tabes. Still, paresis is of relatively frequent occurrence, and in 1904 every

twelfth patient admitted to the New York State hospitals suffered from the disease. It is generally conceded, however, that general paresis differs from the acute syphilitic disorders of the nervous system not only in the histo-pathology and laboratory tests, but also in the results of the therapy. *

In paresis, the pia is invariably altered by a diffuse infiltration of plasma cells, some lymphocytes, occasional mast cells, an excess of connective tissue, and at times the formation of new capillary vessels, some sections showing an enormous increase in the number of blood vessels. These changes are more marked in the frontal and parietal regions, and the blood vessels of the cortex often show a proliferation of the endothelium of the intima, some degeneration of the media, and thickening of the adventitia, due to the plasma cell infiltration. It is rare, however, in paresis that the vessels either new or old show sufficient degeneration to occlude the lumen of the vessel as is often the case in the vascular form of cerebral syphilis. Rod cells are found scattered through the tissues and the lymph spaces are enlarged. There is an increase in the neuroglia in the outer cortical layer and about the vessels, but there does not seem to be any characteristic change in the nerve cell. Pathologically, therefore, one of the most distinguishing features of paresis as compared with cerebral syphilis is the plasma cell infiltration and formation of new blood vessels.

The diagnosis of paresis is comparatively easy

* Diseases of the Nervous System, Jelliffe and Crile.

when once the disease is established, but although expansive, demented, depressed, agitated, galloping, and atypical types are described, there really seems to be very little uniformity in the mental symptoms which characterize the onset. The disease may be far advanced before the family friends, or business associates suspect the change that has taken place. In fact, the first serious warning may be a foolish business venture, an erratic act, a sudden ungovernable outburst of temper, or a convulsion. Then perhaps it will be remembered that for many months the patient has shown a gradual change in disposition, an unnatural indifference to business affairs, family duties, and moral obligations, impairment in judgment, increasing irritability, expansive ideas, or possibly increasing loss of memory and deterioration. As the mental symptoms develop, the physical symptoms become more pronounced. There may be fibrillary twitchings, slight tremor of the hands, unsteadiness in walking, speech defect, mistakes in writing, unequal, inactive pupils, and increased or absent patella reflexes. In the incipient stages, however, both the mental and physical symptoms may fail to attract attention, and by way of illustration I wish to mention, two somewhat remarkable cases of paresis that have come under my observation at the Westborough State Hospital.

The first, a French Canadian acrobat of forty, who gave up his acrobatic work about one year before admission to the hospital because he felt he was be-

coming "too slow" to successfully continue it. He then secured a position to run an elevator car in a department store, and continued to do this work efficiently until the day before commitment, his family and associates, in the meantime, observing nothing wrong with him. On admission, he was disoriented, confused, and showed the typical physical complex of paresis. The blood serum and the spinal fluid gave a positive Wasserman reaction. He later developed marked agitation and apprehension, and was clouded, but did not express any delusions. He died twenty days after giving up his work, and the autopsy findings confirmed the diagnosis. In this case it is fairly safe to assume that the neurological symptoms of a grave nervous disorder were present at the time he felt he was "too slow" to continue his acrobatic work, but it is evident that, if consulted, his physician failed to detect the real source of the trouble.

Second, a hardworking, intelligent, single man of 43. For a year and a half before commitment his sister had observed nothing wrong except that he seemed nervous, and had had several attacks, each of about one half-hour duration, when he would complain of a sensation as of pins and needles in his right hand arm, and tongue. His hand and tongue would then become stiff and he would be unable to speak, but he did not lose consciousness, and was able to return to work. He had used liquors to excess for ten years, and his sexual life had been excessive and promiscuous. On admission, September 18, 1913, he

was mildly euphoric and showed some memory defect, but had no hallucinations or delusions, and was quite clear mentally. Physically, there was a marked tremor in the muscles of face and tongue, speech slow, tremulous, and slurring, Argyll-Robertson pupils, patella reflexes increased, slight Romberg, and ataxic gait. At autopsy, besides the characteristic changes in the brain and its membranes, the spinal cord showed areas of degeneration in the lower thoracic and lumbar regions, and the spinal pia was congested and slightly opaque. In the cervical region there was a questionable firmness and a greyish appearance of the crossed pyramidal tracts. In this instance it would seem that the early attacks of transitory paralysis of the hand and tongue should have been sufficient to direct attention to the possible significance of the symptoms.

An unusual feature in the final course of this case is that during the twenty-six months of his hospital residence he did not undergo much further mental deterioration, did not develop any delusions, had a fairly good insight into his condition at all times, enjoyed parole privileges, and did a great deal of work in spite of his increasing ataxia, kept an accurate account of the number of other paretics in his ward who had died, and fourteen days before his death told the physician he could not keep up any longer. He then gave directions for his burial, and predicted correctly that he would probably be number forty-six.

In tabo-paresis, the prodromal course is apparently

about the same as in the cerebral type. There is some dispute as to whether the changes in the cord are due to exactly the same process as causes the change in the brain, but, at any rate, there is a similar degeneration which takes place in the posterior columns of the spinal cord causing loss of the patellar reflexes. The mental complex is much the same as in the cerebral form of paresis. Rarely a case of juvenile paresis finds its way to an institution, but the clinical picture is so variable that many such patients die diagnosed as imbeciles after perhaps a normal development up to a certain age. In this regard it is interesting to note that the paresis develops after about the same length of time as it would if the infection had been acquired.

There is hardly time here to take up the question of tabes without paresis, or any of the other manifestations of syphilis of the brain and spinal cord. In closing, however, I wish to make a plea for the recognition of paresis in its incipient stages. When we consider the extent and character of the change that has taken place in the nervous tissue by the time the nature of the disease is usually recognized, it seems almost beyond the realm of reason to expect useful results from any form of neurotherapy. There are, of course, conditions which may be confused with paresis, such as a diffuse form of cerebral syphilis, cerebral arteriosclerosis, idiopathic epilepsy, arising in adult life, and a so-called pseudo-alcoholic paralysis. I believe, however, if the general practitioner will con-

sider paresis as more of a physical than a mental disease an early diagnosis is possible, especially if the laboratory aids are more frequently employed in every case of even mild nervous disease that is in the least obscure.

—*The New England Medical Gazette.*

HERNIA.

INDICATIONS FOR MEDICINE.

Hernia is thought by the allopathic doctors and many so-called homeopaths to be entirely a surgical disease and must be treated with the knife. But those who know something of pure Hahnemannian homeopathy can tell positively that it is curable by well selected homeopathic remedies.

In our younger days a case of hernia rather of long standing origin had been cured with homeopathic medicine and this emboldened me to treat many cases with success. Here we give indications of certain medicines which are of frequent requisition in the treatment of hernia.

Aconitum Nap. is used in recent cases, The tumor is small and incarcerated, with vomiting of bile. Great pain and restlessness, burning like fire, sometimes fever and cold sweat.

Calc. Carb. Frequently needed in chronic cases when constitutional symptoms are prominent. Dr. Carleton says two hundredth centesimal potency, given four times a day, works beautifully in children.

In youth a dose every day may be termed frequent. The adult patient should receive a single dose only, much higher than the two hundredth potency." Abdomen tympanitic, perspiration all over, and cold feet.

Carbo Veg. Very bad cases. Abdomen much distended with flatulence. Cold perspiration, thready, almost imperceptible pulse. Offensive stools, great anxiety.

China. Extreme weakness. Strangulated hernia.

Cocculus. Nausea and vomiting, wheezing or heat. "When protrusion takes place very slowly, as from a paralytic state of the abdominal ring" (Raue).

Colocynth. Great pain in abdominal ring, pain in groin as from hernia, relieved by bending double. Diarrhœa and distended abdomen.

Ipecacuanha. Nausea and vomiting most distressing. Inguinal hernia, reducible or strangulated.

Lachesis. In bad cases. Distention of abdomen, sensation of pressure as of a stone. When in strangulated hernia, there is a fear of putrid decomposition taking place.

Lycopodium. Is considered as one of the best medicines of hernia. Hernia in right side, much flatulent distention of abdomen with rumbling. Inguinal hernia or Crural hernia in women. Constipation.

Millefolium. Incarcerated hernia, violent colic. Hernia from a fall, overlifting or over exertion.

Muriatic acid. In bad cases with tendency to

typhoid conditions. Distended abdomen, bloody stools. Colic. Great debility.

Nitric acid. Pain in abdomen, must bend down. Great distention of abdomen with flatulence. Tenderness of abdominal wall, Diarrhœa with violent cutting pain after stool, lasting for hours.

Nux. moschata. Extreme prostration, great sleepiness and considerable distention of abdomen, diarrhœa, stools yellow and watery. Umbilical hernia is more amenable to this medicine.

Nux vomica. We have been able to cure many cases with this remedy. In Benares, an elderly Marwari had inguinal hernia from a long time and was cured by *Nux. vom.* 30.

"Sudden violent pain in hernial region," drawing and tearing, and spasmodic contraction in the abdomen, with nausea, vomiting of sour mucus; constipation with ineffectual urging to stool; or, similar to *Cocculus*, slow protrusion in aged persons, with squeezing pain in hernial region, fullness in abdomen, periodical nausea, gulping of salty and bitter water, vomiting &c. *Nux. vom.* is frequently indicated, especially if errors in diet have preceded; if it fails, *Cocculus* follows well' (Raue).

"Strangulated umbilical hernia" (Guiding symptoms). A very important remedy. Even after the occurrence of stercoraceous vomiting.

Opium. We cured cases of strangulated hernia with this remedy alone. At Madhupur an old gentleman had strangulated and inguinal hernia, and

Opium 30 one or two doses cured him completely, obstinate constipation, distended abdomen, soporous condition, antiperistaltic motion. No stools or urine passed, belching of wind and vomiting.

Plumbum met. It is also a very useful medicine in strangulated hernia. I had a case of an old man, when opium was indicated but failed, Plumbum 200 cured him. Left sided femoral hernia, constipation, stools hard like balls. Foecal vomiting.

Rhustox. Hernia caused by lifting and exertion, often useful in old rheumatic cases.

Silicea. Painful inguinal hernia; constipation and much flatulence and rumbling, wind is not passed easily,

Sulphuric acid. We have not much experience with this medicine in hernia, but Dr. Carleton wrote a good deal about it. "Colic with sensation as if hernia would protrude. Inguinal hernia. Incarcerated hernia in old people, coming on in a very gradual way; pinched, constricted feeling in hernia; sensation of fullness in abdomen; periodical nausea and constipation; hernia not very sensitive; incarcerated part not very hard or tense, but has a feeling; incarceration lasts for days without symptoms growing severe; gradual accumulation of flatus; pinching in abdomen. periodical, transient, tearing pains, constant nausea, belching of sweet, salty or bitter fluid, finally vomiting, hernia on left side; melancholic, phlegmatic temperament. Boeninghausen considered this as one of the most important remedies in inguinal

hernia." In one case of a fat, elderly, gentleman with incarcerated flatulence, very bilious vomiting and of acid stuff with constipation, Sulphuric acid did wonders.

Tabacum. We have seen it of some effect in very bad cases of hernia. Patient extremely weak, nausea and vomiting, copious cold perspiration. In the "Guiding Symptoms" we find the following : "strangulated hernia ; nausea and deathly faintness ; cold sweat ; vomiting ; sudden cerebral hyperæmia. Dr. Carleton says, "I have never given this medicine in a case of hernia ; but an eclectic physician of my acquaintance gave an enema of a decoction of tobacco to a robust, muscular man suffering from strangulated hernia, after taxis had failed and while preparations were being made for herniectomy. The patient then became relaxed to an alarming extent ; the doctor had him inverted and held up by the feet. Hernia was then reduced by taxis. The patient recovered. The knife had been cheated, and so was allopathic and hazardous practice. *Tabacum* would be indicated homeopathically in the presence of symptoms, occurring naturally, similar to those which the doctor treated. Then the potentized medicine would act without producing an aggravation."

Veratrum album has been very frequently prescribed in cases of hernia. Incarcerated hernia, not inflamed ; cough impulse ; antiperistaltic action, nausea, cold sweat, hiccup and extreme prostration.

Zincum met. Inguinal hernia, painful, pressing in left groin as if hernia would occur. Jerking in inguinal

region while sitting. Hernia passes downwards forcibly.

Medicine should be given less frequently for chronic cases, but in acute and dangerous symptoms repeated doses are always required.

P. C. M.

EYESIGHT IN SCHOOLS.

Total blindness or any permanent visual disorder interfering with perfect vision is the worst kind of infirmity that flesh is heir to. Apart from blindness or any other incurable defects of the eyes which are congenital, the seeds of innumerable eye diseases are sown in infancy and boyhood and if prompt and efficient measures are taken in that period to check them, thousands of lives may be saved from utter ruin in after life and the number of cripples and beggars in the world may be considerably reduced. As much as 30% of the blindness in the world is due to the want of proper care of the eyes in childhood and 80% of it is preventible and curable if attended to in time. The seriousness of the matter may be easily gauged by the figures given in the last Census Report an extract from which is given below :—

Out of the entire population in British India (excluding the Native States) the total cases of blindness only are 443, 653 of which 221, 916 are males and 221, 737 are females. The following table shows

the number of males and females affected in their school-going age :—

Age	Males	Females
0—1	955	685
1—2	746	496
2—3	1,502	1,032
3—4	1,827	1,340
4—5	1,969	1,437
5—10	122,96	7,947
10—15	13,218	8,097
15—20	11,944	100,83

The number is highest in the United Provinces where there is 104,566 blind population, in Punjab the number is 52,875 and in Bengal 32,170. Unfortunately the statistics of the population suffering from partial eye defects are not available.

Before proceeding to discuss the various hygienic measures in regard to the actual disorders of the eyes in children it would be preferable to give a brief sketch of the structure and function of the visual apparatus.

STRUCTURE.

The eyeball consists of three concentric coats surrounding and enclosing transparent substances through which the rays of light pass to the innermost coat to produce an image. The outer coat is called the *Sclera* (the white of the eye). It is composed of dense connective tissue and forms the protecting of the eye.

A small area in front of this coat is transparent

and this part is known as the *Cornea*. The *Iris* is that part of the eye which is black or gray or blue and projects towards the long axis of the eye as a kind of curtain. The *pupil* is the dark round opening or hole in the iris and it is through this apparatus that the rays of light pass into the eye.

Inside the *Sclera* is the middle coat or *Choroid* richly supplied with blood vessels and large quantities of black pigment which prevents the passage of light into the eye chamber except through the cornea.

Immediately inside the *Choroid* is the *Retina*. It is very sensitive to light and is in reality the terminal cuplike expansion of the optic nerve which passes to the back part of the brain (the occipital lobe). At the centre of the *Retina* is a small round and yellowish eminence called the *yellow spot* with a central depression called the *Fovea Centralis*; somewhat to the inner side of the fovea is the point of entrance of the optic nerve; it is known as the optic disc which is insensitive to light and is therefore called the blind spot.

Behind the pupil referred to above is the lens which divides the eye into two distinct chambers; the one in front of the lens and behind the cornea filled with a watery fluid is the aqueous humour, the other behind the lens and filled with a jelly like transparent substance is the vitreous humour. These two are the media through which the rays of light are refracted before reaching the retina.

The whole of the exposed portion of the eye globe as well as the inner surfaces of the eye lids is lined

by a delicate membrane called the *Conjunctiva*. There are also some muscles and ligaments for the motion of the eyeball and other subservient purposes.

FUNCTION.

The function of the eye is to produce clear vision of objects seen by concentrating the rays of light on the retina. The visual apparatus furnishes one of the most important paths from the world without to the brain within. It is essentially a living camera in which by means of a lens an image of things around us is formed upon the retina ; just as in the photographer's camera the lens forms an image on the ground glass or on the sensitive plate or film. In the normal (emmetropic eye) the distance between the retina and the lens is such that light from distant points comes to a focus on the retina without any exertion ; to see near objects the lens is made more convex. This is called *accommodation*. The muscles of the eye act in such a way that both the eye balls move simultaneously and there are two images. These are fused into one and we see only one object. The fusion of the two retinal images into a single visual sensation is an act of the brain. This fusion occurs only when the images correspond and hence whenever this condition is wanting, as from unbalanced action of the eyes &c double vision results. The eyes do not therefore constitute the whole of the apparatus concerned in vision. It is the brain which perceives the image. Hence there may be mental blindness so to speak.

DISEASES.

Only the principal diseases incidental to school life will be taken into consideration here and these are the following :—

Hyperopia (Longsight)—In this disease the eyeball is too short and the image falls far away from the retina and behind it. Distant objects can be seen with ease but near objects are seen with great strain and sometimes not seen at all. The eyes and the lid margins become inflamed; there are undue sensitiveness to light, frequent winking, headache and weariness of the eyes. Higher degrees are associated with internal squint. The defect is to be remedied by convex lens.

Myopia (Short sight)—This is the reverse of Hyperopia. The eye ball becomes too long in relation to the refractive power of the lens and the paralld rays are focussed in front of the retina. The myopic eye is therefore unable to see any thing situated at a greater distance than 20 feet. The effective cause in school children is the close and often prolonged application of the eyes to the near work which literary education entails. The child has headache, foggy vision, inability to see maps and diagrams at a distance. He sits with bent head and shoulders. A prominent eyeball and external squint are often associated with myopia and it is to be corrected with a concave lens.

Astigmatism—Results when the curvature of the cornea is not perfectly regular and reveals itself in an inability to see with equal clearness lines running in

different directions. It is to be corrected by a cylindrical lens.

Squint—In this disease the muscles of the eyes do not coordinate with each other with the result that the eyeball is deviated in one direction.

Asthenopia—Weakness of eye muscles. It is always associated with some refractive or structural disturbance and is not a disease in itself.

(To be continued.)

Book Review.

SADRISA AURVEDBIGNAN OR HOMEOPATHIC MATERIA MEDICA.

By .

Dr. NILAMBAR HUI.

This is a neat and concise book on Materia Medica in Bengali by Dr. Nilambar Hui of Serajgange. The author is a staunch Hahnemannian in our country and his book is full of true spirit of Homeopathy.

In this book all our everyday useful remedies are dealt with. First he says whether the medicine under discussion is an antipsoric, antisyphilitic or antiscyotic or not. Then he gives the special characteristic of each medicine in numerical order as has been done by our esteemed doctor H. C. Allen in his Therapeutics of Fever. And lastly the author devotes the main body of the work to symptomatology in schematic form. Some special questions end the medicine.

It is a very useful book for our students and practitioners.

THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

—HAHNEMANN.

VOL. XXV.]

JUNE, 1916.

[No. 6.

TREATMENT OF CHRONIC DISEASES.

The treatment of chronic diseases is always attended with great difficulty. In the first place homeopathic indications of various medicines are very much obscured by long continuance of the disease and in the second place our vital force becomes quite incapable of recovering from the long duration of the disease. Under these circumstances, therefore, a great deal of perseverance and patience is required to combat with these chronic cases.

Besides these, Hahnemann discovered with great sagacity and persevering observation that the origin of chronic diseases may always be traced to some hidden poisonous substances or influence in the system of the patient. From the very beginning of his treatment of chronic diseases he noticed that with all his efforts to cure such patients he is unable to get better results. So he concluded that underlying these cases there

was something that prevented the thorough cure of his patients.

By patient investigation and careful observation he observed that all chronic diseases owed their origin to three miasmatic influences in the system. Thus he discovered that psora, syphilis and sycosis are the three miasms at the root of all chronic diseases. And unless these are attacked in the beginning of treatment, no good results could be achieved.

There had been a good deal of discussion and disagreement among the homeopaths in the early days of the development of homeopathy. Many denied the existence of such miasms in the systems, others said, if there were miasms, they have nothing to do with the treatment of patients suffering from various chronic diseases. But Hahnemann after careful investigations and thorough researches came to the sound conviction that these were real and undisputed facts. He not only discovered the fundamental causes of those chronic ailments in these miasms, but he also revealed the actions of good many remedial agents that counteract the inimical effect of these poisons. Thus these are medicines known to true homeopaths, that counteract the deleterious effects of psora, syphilis and sycosis. Hahnemann's antipsoric, antisyphilitic and antisycotic remedies are very effective in curing inveterate chronic diseases that baffled the genius and exertions of many savants and authors in medical practice. Anybody can investigate the antimiasmatic remedies in their effects in chronic diseases. I will cite some cases to show that

unless some miasm-destroying medicines were given, I could not have cured those cases in my practice.

A young lady of 25 summers had been subject to intense headache from a long period. She was otherwise healthy, rather fat and of sanguine temperament. Menstrual functions were quite normal but headache used to come especially during these periods.

Headache in the whole head, more towards the right side, came on mostly in the night, from evening to whole night. Pain of a throbbing and shooting nature, seemed to be neuralgic. There were nausea and vomiting during the acme of head ache, sometimes bilious stuff was thrown off; she became very miserable during the night, sleepless, tossing about in bed. It was paroxysmal, she remained well for sometime. She had allopathic and Kobiraji medicines for a long time and was under homeopathic treatment for few days.

I was consulted by a young physician of our school who tried many remedies—*Spigelia*, *Nux vom.*, *Sanguinaria*, *Belladonna* and others. There was amelioration by one or other of these medicines, but no permanent cure was effected. I took down the history of the case and could learn that she was a scrofulous child in her younger days; subject to cold and catarrh and had often itching eruptions over the whole body and more on her head. Her parents used many kinds of external applications for the cure of these nasty eruptions.

I advised the doctor to give her a few doses of

Sulphur c.m., one dose in a fortnight and to wait. He gave only two doses and no more headache occurred for six months. The menstrual period also became regular.

Had slight attack after six months, another dose of Sulphur c.m. cured the patient. She has been hale and hearty for the last six years.

A case of fistula in ano in an elderly gentleman.
He was a friend of mine and had great confidence in my medicine. For the last ten years he had something like a fistulous opening in the anus but it was not of a distressing nature, so he did not tell me about it. But in November, 1889, he had a severe inflammation of the part and there was oozing out from it of pus and blood. He consulted his local doctor who gave him all sorts of applications and even some internal medicines (allopathic) without any effect. He came down to Calcutta and consulted me. He was a thin-looking youngman (then) and of very active habits, always desired company and was of a cheerful disposition. From his childhood he suffered from eczematous eruptions all over. External applications had the desired effect of suppressing these eruptions, and he was all right.

I tried Silicea, Calc c, Fluoric acid, Hepar sulph, but without much effect. I must say that he was relieved of his acute symptoms of pain, swelling &c. by the medicines indicated at that time, but no stoppage of the purulent discharge. I was almost hopeless of his perfect cure. I was also young in homeopathy at

that time. A consultation was had recourse to and the late Dr. B. L. Bhaduri advised me to try a few doses of Sulphur 200 at long intervals. In the course of three months, my patient was perfectly cured. He lived fifteen years after his recovery.

A youngman had been suffering from stricture of the urethra for four years. There was dysuria, burning in urination and urine in thin stream and much tenesmus in making water.*

He was very much benefited by *Cannabis sativa* and later on by *Merc. viv. 200*, but ultimate cure was effected by a few doses of *Thuja 200*. I should have treated the case from the beginning by *Thuja*.

Sometimes cases had been treated and apparent cure was effected by indicated medicines, but the system was not thoroughly rid of its internal poison, if some anti-poisonous remedies had not been given in the beginning of our treatment. In cases of psoric poison *Aloe*, *Arsenic*, *Sulphur* and such others were useful.

In cases of syphilis *Mercurius*, *Nitric acid* and *Syphilinum* and such others are beneficial.

In *Sycosis Cinnabaris*, *Thuja*, *Medorrhin.* and such other remedies are required.

In chronic cases I now generally prescribe a few doses of these remedies in the commencement of the treatment and always find very great effect.

Some of the nosodes are very useful in chronic cases. But the treatment must be conducted with great care. Some of them as *Psorinum*, *Medorrhinum*,

Syphilinum, Tuberculinum, Diphtherinum and Lyssinum are wonderful remedies.

In the treatment of chronic diseases they must be given less frequently, and repeated only after a long interval.

P. C. M.

EYESIGHT IN SCHOOLS.

(Continued from page 160, No. 5, Vol. XXV).

OCULAR HYGIENE.

The care of the eyes commences at birth and in order to secure its highest usefulness must be continued throughout the whole life. The eyes of the new born babe should be at once cleansed with warm water or a saturated solution of Boracic acid. In all cases of gonorrhœal or leucorrhœal discharge in the mother 2% solution of nitrate of silver should be instilled between the eyelids of the child immediately after birth. Since the adoption of this method the percentage of cases of blindness from ophthalmia neonatorum which previously ranged between 20 to 79 per cent in different countries has been wonderfully reduced. The eyes of young infants should be protected from all glaring lights and especially the direct rays of the sun. The babe should never have its attention attracted by objects held close to the eyes, for, repeated convergence at close objects may predispose or even produce *strabismus*.

More rigorous measures are necessary in school life. In the primary schools nearly all the children enter with normal eyes. In the higher grades 25% become myopic, while in university life the percentage of myopia increases to from 60 to 70%.

The following methods commend themselves for adoption in regard to the care and protection of eyes in schools :—

(1) Examination in Schools.

On entering a school the eyes of each boy should be systematically examined. Every school should possess a series of test letters (Snellen's and Jaeger's test types), Astigmatic card and some other simple appliances to test light sense, colour sense and field of vision &c. and the teachers (or one reserved for the special work) should have proper knowledge as to how to use them. He may detect deficient eyesight by the following methods :—

- (a) Failure to read the writing on the black board from the back row.
- (b) Inability to tell the time by the clock when at an ordinary distance.
- (c) Missing out words of two or three letters when reading aloud.
- (d) Failure to keep the lines when writing.
- (e) Holding books nearer than one foot from the eyes when reading.
- (f) Complaints of the letters running into one another.
- (g) Headache &c. after reading

(4) Squint.

In case of any of the defects the advice of an expert medical man must be sought at once and such measures as are adaptable in each case should be vigorously followed. There should be regular and periodical inspection of schools by medical men and the school authorities as well as the parents should co-operate with them. The school authorities should also in consultation with medical men issue circulars warning against common dangers due to negligence of the eyes in infancy. His Excellency the Governor of Bengal in one of his speeches has said "we distribute leaflets in large numbers advising people how to deal with their crops &c and I feel sure that similar methods disseminating a knowledge of the eyes of infants might do some good." There is regular organisation of doctors in many of the European countries and it is high time that we should have a similar arrangement in India.

2. The school Building.

It should be situated in a healthy locality as far as possible from narrow streets and adjoining high buildings. Ample space should be provided for the playground and the building should be constructed in accordance with some approved plan.

3. Lighting.

The direction of light should always be from the left (this should be the case everywhere—in home study also). Every room should be well lighted so as to enable a normal eye to read on a dull day and in the darkest corner Brilliant Type at a distance of 12 inches.

According to Dr. S. D. Risley the window surface should never fall below one square foot of glass for every 5 square feet of floor space. Artificial light must always be profuse, steady and white. Reading in trains and moving conveyances is to be condemned.

4. School Furniture.

The proper arrangement of the seat and desk will be such that the child will find it easier to sit upright than in any other position he can assume. Many cases of myopia and spinal curvature are due to faulty position in schools. Black boards should always be kept clean, must not be placed at a greater distance than 30 feet from the back row and should be so placed that no light is reflected from their surfaces. Instructions should be imparted largely by means of wall-maps, charts and black boards and in infant classes by means of kindergarten system. Pen and ink writing should be encouraged. Lead pencils and slates should be abolished.

5. Printing of books.

School books should be printed on opaque non-bibulous paper and the type should never be less than 1.5 millimetres (three-tenths of an inch) in height. The distance between the lines should not be less than $2\frac{1}{2}$ m. m. (one-tenth of an inch) and the length of lines should not exceed 100 m.m. (4 inches).

6. Rest.

Home work should be largely curtailed and school work of any kind requiring close application of the eyes should be continued only for short periods at a

time, the periods alternating with work which will give rest to the eyes, such as mental arithmetic, recitation or exercise in the open air.

In connection with the use of glasses Dr. Norton says, "there is an inherent prejudice to the use of glasses but to those suffering from refractive errors, the use of correct glasses is one of the greatest boons to humanity. True it is that the prevalent inclination of all oculists is the too early and frequent prescription of glasses. In many instances the use of glasses can be avoided by the correction of some defects in the balance of the extrinsic eye muscles which is the cause of asthenopia or reflex symptoms. In all cases of refractive errors, however, the use of correcting glasses is a necessity.

Lastly it may be mentioned that the eyes, no less than other organs, should be kept sound and strong by attention to the general health and welfare of the body. They are too precious to be trifled with.

DR. H. P. DAS,
Simla (Hills).

HOW TO BE A SUCCESSFUL PHYSICIAN ?

Now we come to the study of *Materia Medica Pura*, a subject of most vital importance for a homeopath.

We should have our special eye on the following instruction of our great master Hahnemann. First treat your patient after the names of diseases. For he

says that "Totality of symptoms is the outward image of the inner disease" (Vide sec. 6 of the Organon). Hence to prescribe a medicine pathologically is quite unscientific for a true homeopath. It is also said that "The more a man tries to enter into the inward organism, the more he errs." A good homeopath should thoroughly study mental symptoms of his patients, and should then go through the temperaments and disposition of each patient and after all modality, that is, aggravation and amelioration of symptoms at a fixed period or by some other causes. We may include causes in the heading of modality. After all we should take generals and particulars which we find in repertory, a monumental work of Dr. Kent.

We should not neglect any single advice of our great master. If we do so, we are sure to be bad prescribers and our patient must suffer for our indiscriminately administering remedies. If we be very careful not to forget similimum, that is, location, sensation, modality, causes, constitution and temperament, generals and particulars, we are sure to be successful. As psora is the seven-eighth cause of chronic diseases and the remaining eighth cause is sycosis and syphilis, we should not forget them but include in the heading of causes, that is, find your remedy from non-antipsorics, antipsorics, antisycotics or antisiphilitics as divided by our great master in his Chronic Diseases.

We must not conclude that anti-psorics are for chronic diseases only. They are equally good for acute diseases also. They make the system susceptible

to accept the property of other remedies, or make complete cure. I request the readers to read the two cases published by my good colleague Dr. P. C. Majumdar in The Indian Homeopathic Review, March, 1916.

In our last visit to Calcutta, while I was there delivering a few lectures on *The Organon of the Art of Healing* to the students of the Calcutta School of Homeopathy, and in course of my lecture I spoke to them that our materia medicas should be written on the plan of the Chronic Diseases by our great first master Hahnemann. Some of the students of the institution came to request me to write a materia medica which should contain different classes of remedies mentioned, and it should be in our Vernacular suited to their capacity. And it is for their satisfaction that we give in Bengali a Vaisajyatwatva (সদৃশ আয়ুর্বেদ বিজ্ঞান, দ্বিতীয় খণ্ড, ঔষজাতত্ত্ব)

Here, in conclusion, we are happy to find that my esteemed friend Dr. Majumdar, while writing on Sarsaparilla, is going to give much stress on antipsoric, antisycotic and antisiphilitic remedies which, he says, are greatly abused by allopaths and very little used by the homeopathic physicians (Vide The Indian Homeopathic Review, April, 1916. On Sarsaparilla).

(To be continued).

NILAMBAR HUI,
Serajgunge (Pabna).

A CASE OF TYPHOID CURED WITH ARUM TRIPHYLUM.

I was called in to treat the grandson of Babu Mathura Prosad of Newatipur, Gorakhpur, in August, 1915. The boy was suffering for the last two months and a half and was already treated by some homeopaths and allopaths, but with no permanent good. Under their treatment the child only got temporary relief and the disease used to relapse frequently. So at last he was put under the treatment of my father, Dr. Harish Chandra Mukerji, M. D., H. M., but scarcely had he the time to seriously take up the case when he had to go out on a call. So the case came under my treatment. I personally paid a visit to the patient and found him as follows :—

Reduced to a skeleton, a thick layer of dirt all over the body making it darker ; sore throat, could not take in anything, complete loss of appetite, highest temperature 105° or 106° in the afternoon, severe scratching of the whole body, nostrils, temples, cheeks, lips scratched to bleeding, face dusky, eyes delirious ; there was also some muttering, and marked tendency to keep silence, as if he had turned dumb.

I was told that most of the symptoms were present from before. Well, on seeing the case, Arum Triphyllum occurred to my mind. Unfortunately the medicine was not in my stock. Gorakhpur abounds in Arum plants. I got one procured to me and prepared a dram

of 6x trituration myself and gave a few doses to the patient and lo ! the fever was off in 3 or 4 days and within a fortnight he was completely restored to health. The child is still living in the best of health, though nearly a year has passed since then.

GORAKHPUR,	}	.	BISWA NATH MUKERJI, L. M. S.
10-7-16.			

NEGLECTED VALUES IN HOMŒOPATHY*

By C. E. FISHER, M. D., Sterling, Colo.

To my mind it is a matter of supreme regret that even a fair proportion of physicians associated with the societies and institutions known as homœopathic are either so ill-disposed to stand by their guns and fight it out on the homœopathic line if it takes all summer, or so ill-prepared in their homœopathic armament, that in the face of a direct and active foe they seem not to be able to get such results as justify them in believing homœopathy all-sufficient in every time of trouble.

Realizing fully that it is in bad form to sharply criticise the non-believer or the non-doer in our profession, it is believed it is yet proper to analyze our weaknesses and attempt to ascertain, in so far as possible, why we are not better and truer homœopathic practitioners than we are. It may be held that it is not essential in the treating of the sick man that any

* Bureau of Homœopathy, A. I. H., 1915.

particular system, or "pathy" or science or school should be followed. And in individual instances this position may seem to be quite sustained by results, the patient recovering by whatever processes had been employed, and this being, after all, the chief desire upon the part of the patient and physician alike.

Yet it must be conceded that this line of contention conveys the idea that only empiricism should guide us in our bedside work. For individualism in medicine in this sense is but empiricism, haphazard, happy-go-lucky, hit-or-miss work, pure and simple. In other words, if the individual practitioner relies always upon himself, no matter how excellent his successes, when he dies and leaves us, his work leaves nothing behind for the rest of us. He will have been, literally and actually, only an empiricist, or one who has practised according to experience only, perhaps in great part his own experience at that.

And who may say that he is so great, wise, erudite and infallible that even in his own limited field of endeavour he has been able to do the best possible for all his cases, by following the dictates of his own conscience and employing such agencies as in his weak individual humanity, if it may be proper to coin the word, may have seemed to him to have been best? It would seem that no real science of medicine, no genuine art of application, can possibly be constructed upon such a narrow plane. Every brick that is moulded has its place in a great and grand building

of which it is an apparently insignificant unit. Yet it is only when many bricks are welded together in a concrete attempt to build for all time that each unit is brought to serve its real and best purpose.

So with the physician. No doubt every man in the profession has had many very valuable individual experiences, not lightly to be considered nor flauntingly cast aside. Yet, when any considerable number of men and women come together in united effort toward a fixed purpose, it would seem as if there should be an harmonious desire to attain the same ends in the same manner, and that any such congregation of human beings can best attain the objects for which their separate organization has been created by following the plain paths outlined by the pioneers in such effort, at least until it has been satisfactorily proven that there are better and more direct paths which may be followed to better advantage to the largest number of people submitted to their care.

Necessarily, in so inexact a science and so variable an art as medicine is certain to be, there will be more or less of empiricism always. This is hardly to be avoided, and courageous indeed is he who would have us believe he has found the only way in the healing art. Nevertheless, it must be too apparent to require elaborate elucidation that the more we can limit our empiric efforts the more surely shall we be able in the long run to do the best for all our people. In other words, 'the more earnestly we attempt to reduce our

individual work to a prescribed and proven system of effort, the better will be our results.

Exceptions to the rule but go to prove the rule itself. There must be, in the very order of things, in widely distributed medical labor, a great variety of effort ; but the less haphazard this effort, the less we rely upon the broken reed of expediency, the farther away we keep from the bane of the practice of that which is convenient, temporizing, makeshift, and not in deed and in truth scientifically direct and accurate, the nearer shall we approach our full measure of capacity.

Paraphrasing the sustaining Hering, anything which trifles or temporizes with a human life in the face of danger becomes a crime. In recent years, in large railway hospital and medical service, where necessity associated me with considerable numbers of physicians of the dominant school, and in more recent hospital experiences, where it has been my fortune to be favored with rather unusually direct opportunities for personal observation of other methods than our own, I have become more and more convinced that there is nothing in the expediency of accepted practices in the old school that homœopaths have real necessity of adopting. In all the severer diseases : pneumonia, typhoid fever, diphtheria, scarlet fever, erysipelas, gangrene and all the variations of sepsis, by so many considered only surgical but which is too often medical also, I have not been able to discover that the slightest real necessity has been shown for

abandoning the directness of homœopathy, the simplicity of its methods, the less irritating effects of its remedies, the avoidance of after-headache, nausea, stupefaction and delirium of the common practices of intelligent and conscientious members of the dominant school. So strongly am I impressed in this direction that in almost daily conversation with able men of the other side in medicine I have become even more strongly convinced than ever that that which I consider their weakness in therapeutics is not as much the result of carelessness as I formerly thought, but is because they simply do not have as satisfactory an armamentarium as is possessed by ourselves.

Occasionally there is found some one of undoubted desire to do the best he possibly can for his patients, who will discuss these questions with manifest interest, and in almost every such instance, where there is an open mind, it is possible to interest that honest inquirer in our precepts and methods. I find the average physician keen for every avenue of helpful information. Even though strongly opposed to the homœopathy of which he has had knowledge, mainly by only superficial observation, yet the very unsatisfactory nature of the floundering through which the average practitioner of the old school has daily to go makes him a ready subject of correct homeopathic instillation. Unfortunately, however, and the statement is made with mortification, the careless, haphazard, makeshift, half-allopathic expedencies to which many thoughtless homeopaths have come to resort

are not calculated to inspire the observing old-school practitioner with very great confidence in our honesty as a separate profession, nor in us individually as exemplifiers of a system of procedure worthy of their acceptance. There is no difference between an allopathic hypodermic and a homeopathic hypodermic. Codein is the same in our hands as theirs. Pukes and purges and blisters and palliatives are their religion and gospel, and when they find our practitioners adopting these crude measures they cannot fail to question our sincerity in urging upon them and the public the finer measure which is our heritage.

Almost every pharmacal agent who travels the road now-a-days is a herald of our inconsistency and weakness—that we are among his best patrons. Nearly every one of these knights of the road will aver that he no longer finds the old-time homeopath, that it is the notable exception rather than the common rule to know one of us who practises that which he preaches or asserts by his association with the profession and institutions known as homeopathic. And, unfortunately, his indictment is all too firmly founded. Have we not become careless, confused, complex? And are there not values in homeopathy that every one of us neglects, to the adoption of methods, agents and empiricisms that are ever-changing and never stable, not scientifically collated, nor permanently sustaining?

One of the greatest blessings the Harrison law can possibly develop will be the exposure of the in-

consistency of homeopathic practitioners in using narcotics. Already in Denver a so-called homeopath has been apprehended for dispensing morphin to hundreds of drug fiends. His crime, if proven, will be all the greater because the true homeopathic physician has small if any actual need of any of the accepted narcotics. Even when the milder hypnotics are employed, codein, heroin, svapnia and the like, we are but admitting our individual weakness and are damning our system as a fraud and a deceit. Did the Harrison law provide for publicity, a monthly resume in the local press of the names of all physicians prescribing opium or cocain or any derivative of the poppy or coca plant, I fear we would have much and just cause to blush with shame at our inconsistencies and failure to rely upon the genuine values which homeopathy possesses.

For above ten years my hypodermic has been unused. I truly believe that—in the crushing injuries of railway construction work, in the powder and dynamite explosion lacerations and fragmentings of that calling, in the gun-shot and knife-wound surgery incident to drunken carousals, in the suffering following abdominal operations, and in the pains and aches and hysterias and convulsive contortions to which the human subject is heir,—it has fallen to my lot to meet with about everything and every condition, in all classes of subjects, from the crudest human brute to the finest shades of American delicacy—I believe the homœopathic materia medica, with its arnica, hy-

pericum, aconite, staphysagria, belladonna, magnesium phos, ignatia, chamomilla, veratrum, cuprum, tabacum, arsenicum and other analgesics and helpful agents in collapse, shock and other severe medical and surgical states, has served better purposes than all the opiates, bromids and other narcotics of the old school materia medica. The truthfulness of this statement every painstaking observer and particularizing prescriber can readily demonstrate for himself.

With all my heart and soul and mind it is a veritable reality that there is a sufficiency of neglected values in homœopathic agencies to justify every one of us in burnishing his Aladdin lamp, charging it with the oil of determination, and setting about finding the homœopathic truth. Given an honest and persistent effort in this direction, there is easy to be developed degrees of neglected values in our homœopathy that even the most consistent and loyal among us has hardly dreamed.

In conclusion, go back with me for a moment to Hahnemann and let us adopt a lesson from the Lesser Writings. On page 632, in outlining the treatment of typhus or hospital fever,—and it was as malignant in those days as now—he outlines the making of dilutions of bryonia and rhus tox, up to and including the 12th dilution. Beginning with one single drop of the tincture in the first phial and not increasing this quantity in any of the succeeding phials from the preceding dilution, he then advises one single dose, not repeating it at all, so long as improvement continues. To quote from Hahnemann himself :

"Of this highly diluted tincture of *rhus toxicodendron* we give in the last mentioned case, or if the symptoms I have described at the very commencement of the attack, we give, *at its very commencement*, a single drop from bottle No. 12, on sugar, and no more, nor any other medicine as long as the improvement is manifested and continued, unless it be (on the days when he is getting no medicine), some of the above mentioned innocuous substances."

Again, and important, "No domestic remedies of any kind, perfumes, pure wine, herb teas, clysters, fomentations or the like should be used any more than any other medicines."

And again, "The whole disease will generally be removed by a single drop of the second or of the first medicine, according as the one or the other is indicated, without the addition of any other."

Throughout, Hahnemann dwells upon using but one agent, and if possible but one dose, never repeating indiscriminately, not alternating, nor jumping about from one to another, sticking right to the text and following a definite, accurate, skilful plan of procedure. Surely typhus fever is about as severe and deadly as any of our diseases today, and Hahnemann found a value in the accuracy he practised which is all too much neglected in this generation. What was accomplished by him and his immediate followers, and even the generation of homœopathic physicians which preceded us, may readily be re-accomplished by us today if we but try, whereby homeopathy may again

be lifted from the slough of unnecessary and unrighteous despond into which we have carelessly allowed it to drift. Shall not we, as homeopathic members of the American Institute of Homeopathy, set ourselves about this redemption, sedulously, with the full determination to find for ourselves and humanity all the neglected values that in homeopathy lie?

DISCUSSION:

Dr. J. De Witt George, Indianapolis: Dr. Fisher made the statement that he practises largely without morphin, that is, a hypodermic to relieve pain. Now, it "cannot be done," because I have been told so in the last three days, and "we are cowards, if we do not make some protest."

A druggist whom I know very well, and who is employed by the Government to see that we register and pay for another license, said, "Doctor, you know I have to keep tab on the morphin that is used and sold, and see that licenses are taken out by the physicians. I made a statement the other day to several old school physicians that I thought they were using more than the small vial of tablets inside of a month. A young man who had been practising a few years said with a sneer, 'It can't be done; I have used since this law came into effect five hundred injections.' I know another man who uses over five thousand morphin tablets in a year. I know another who has given one patient two hundred in the last month."

He asked me how much I used. I said I had one vial of tablets which had served me nearly a year. Now that druggist told what is general in medical practice. "It is amazing," he said. "I have begun to think they are not physicians at all. And I told them so." They replied, "What are you going to do? You have got to ease the pain."

Dr. Grimmer, Chicago: You can meet practically all conditions without morphin, if you use homeopathic remedies. We have a wonderful work to bring before the world. The essayist asks why it is that so many who are labeled "homeopathic" practise the other way.

Chiefly, because of lack of proper training. Anybody who will take his cases in the proper way, using the repertory, will have to work. For acute pain, you must know your remedies. If you are not afraid to use high enough potency, you will relieve most cases of pain. You will not be so successful with low potencies, although they will sometime surprise you. Personally, I am not disappointed in homeopathic remedies. The law is all right. The fact that the Hottentot cannot apply the science of mathematics does not annihilate mathematics.

Dr. Weirick, Chicago : There are some who would rule out of the school any who use material doses. Others think the homeopathic principle has its limitations. An illustration is intestinal colic from green apples. That colic is not due to diseased condition. That is mechanical. It requires mechanical measures. But an enema is not always effective. Why not use mechanical treatment by getting the physiological action of a purgative? By doing so, I believe I do more for homeopathy than if I were to leave that patient to suffer two or three hours.

We know very well, in diseases of children, for instance, that little progress has been made in the treatment of intestinal disease outside of hygienic measures. I know an institution where no better and able homeopath lived than the man who established that institution. Yet years ago the mortality rate was appalling under well-prescribed homeopathic remedies. Today, the medical department is under the care of one who knows less of *meteria medica*, yet the mortality rate is far less. Why? Because hygienic methods are used, better methods of feeding, better methods of collecting and preserving the food. We are a detriment to the growth of the school when we condemn without restraint methods which have been proven and are now acknowledged by prominent and successful practitioners to be efficacious, outside the homeopathic remedy.

Dr. Cheeseman, Chicago : I have practised medicine thirty-three years. My father was an allopathic physician. I have owned three drug stores and put up allopathic drugs for fifteen years. I am not even an "A" school graduate, but I have been down the line for

thirtythree years, and I want to tell you that there is nothing on God's green earth that can beat homeopathic therapeutics.

Dr. Caldwell, Jackson, O. : In chronic work, it does not make so much difference. But in the rough and tumble practice where a man has got to do something, and do it now, we have got to get busy. There are things mechanical in medicine as in surgery. I am a homeopath. I sometimes criticise my own work, but I try to discriminate between coincidence and cure.

Dr. Diebel, Detroit : No one has called attention to Dr. Fisher's theme, "Neglected Values of Homeopathy." Neglected values are lost values. The reason you cannot keep your young men in the straight and narrow path you have always trod is because you have started them wrong. You tell him not to use the hypodermic. You tell him not to use purgatives. The first thing he strikes is a consultation with an old school man, or possibly with a homeopath who uses that which brings quickest results. That quick result will make a wonderful impression on the young man, and the next time he will use it. If you all told the truth, you would tell the same story. There are a few close prescribers who are successful. They personally are successful, and not because they have more and better knowledge to hand out in the way of medicine. Our young man should be put into the field in a fit condition. He should know what he is going to run up against. Do not make him think he must carry his hypodermic in a safety vault. Let him use it if he needs it. Do not find fault, but show him how to use it, or how to do the more effective thing. You say the young men do not stick to the high potency as do some of the older men. There is a reason. If there is anything we would do to benefit homeopathy, it will be to let students know the truth.

—*The Journal of the American Institute of Homeopathy.*

THERE'S A REASON.

BY GLEN I. BIDWELL, M. D., ROCHESTER, N. Y.

Nothing worth while in the universe is done without reason. All physical phenomena follow certain fixed laws ; all chemical actions result from the law of attraction of molecules and atoms for each other : the affinity of one chemical substance for another. Seasons of the year, growth of plants, various colors of flowers, and all life or action which produces definite results, have a basis in the working of some law.

The inductive philosophy of Hahnemann—Homeopathy—is based on and follows a well defined law. While the theories and the law propounded were hundreds of years ahead of demonstrable science yet the manifest results attained by following these have demonstrated the reasonableness of the law : even to the present time, when scientific research affords opportunity to reveal how the homeopathic remedy increases resistance to disease. Testing of homeopathic cures by Wright's Opsonic Index is clearing the vagueness of the vital principle or Vital Force, which Hahnemann taught but could not prove by scientific methods in his time.

As there is a reason for all things, finite and infinite, so there was a reason for Homeopathy—its birth ; its rapid growth and its decline ; there is further a reason for its future, and for a remedy with which to resuscitate the School of Homeopathy and incite it to vigorous life.

The great reason for the birth of Homeopathy was the chaotic state of traditional medicine. The Law of Science of Homeopathy, as given in the inductive philosophy of the ORGANON, has ever been a beacon pointing to a better, more rational Medicine. The Law is stable. We may wander from the course but the Law, itself, never deviates nor fails. •

The Science of Homeopathy is based on the Inductive Philosophy of Bacon, and will live for ever. Even though it be repudiated by its present followers it will be rediscovered and remain immortal.

Had Homeopathy done nothing more than to abolish the ponderous doses and the barbarous methods of traditional Medicine of Hahnemann's time it would not have been born in vain.

The rapid progress of Homeopathy in early days was based on five things : Its Principles, Enthusiasm of its followers, Results obtained by its use, Publicity, Persecution.

RESULTS

The results obtained by homeopathic physicians, the cures made by administration of remedies strictly in accord with the science of Hahnemann, so far overshadowed any previous efforts that people demanded Homeopathy.

Look over the reports of cases cured by Hahnemann and by his early disciples, and compare them and the results of traditional medicine from its inception. Where, even in this age of so-called scientific medicine, can we find any results that equal those in

brilliancy ? Comparison of those and the results of modern achievements almost compels us to conclude that the application of the Science of Homeopathy is a lost art.

A PRINCIPLE

Until Hahnemann's time medicine had been without law, order, or principle to be followed ; traditional medicine was simply a medicine of experiment and of experience. Any cause with a vital principle behind it, at stake, is bound to succeed and to draw followers, so long as the principle is sustained.

ENTHUSIASM

The pioneers of our school were enthusiasts ; they were compelled to cut away from tradition, having presented themselves to criticism, ridicule and persecution. They were obliged to fight every inch of the way for their very existence. Time was no object when the people were to be convinced of the merits of the new system and of the reliability of the Science. Many of our pioneers made provings of their remedies and had induced their friends to make provings of them that, individually, they might be convinced of the efficacy of sugar pellets. Many a Glonoin headache throbbed in demonstration that like will produce and cure like.

PUBLICITY

The cures, the enthusiasm and the persecution all tended to give to the new system great publicity which did much to induce laity and physicians to take up

Homeopathy as a system of therapeutics : a means of relief from sickness.

PERSECUTION played no small part as a reason for Homeopathy's rapid strides. In the history of all new movements, persecution of their followers unites and coheres forces for common defence, as do no other means. Every knock is a boost : 'nothing' kills nor renders a movement ineffectual 'so quickly as treatment with indifference : being ignored.'

The reasons for Homeopathy's apparent decline I have roughly grouped under the following heads : Colleges ; Controversies ; Loss of enthusiasm ; Specialties ; Deviation from the law.

COLLEGES

Include all teachers in the general group Colleges, as we look to colleges for instruction in the Science of Homeopathy. We may attribute the failure of instruction to the comparative infancy of the new system and imperfection in the machinery of instruction and of books. In the earliest days when all who would learn of the new science of therapeutics were compelled to consult the fountainhead, *i. e.* Hahnemann, or his writings in the *ORGANON* or *CHRONIC DISEASES*, we had the best prescribers our school has ever known. At that time no short cuts nor false methods had crept into our literature and teachings. There was only one course to pursue, as there is to-day if we desire success : namely, to study the original instructions as given by the great philosopher.

During the life-time of Hahnemann, false teachings

began to appear, and in his later writings we find warnings against perverted methods. The Master-minds among his followers have all given us warning of the consequences of deviation from the Law. With his almost supernatural insight into the future he predicted the very conditions we are having to-day.

False teachings soon became so numerous that, as our colleges became established, the group of men teaching false doctrine outnumbered the teachers of the true, to such an extent that a few years ago in many of the clinics it was rare to find a homœopathic remedy mentioned. Can we expect, by such teachings to develop young enthusiasts who will uphold the cause of Homœopathy and advance it?

The colleges sowed the wind and we are reaping the whirlwind.

Another mistake in our system of instruction has been in teaching the Art of Healing and not the Science. The Art should never be taught first. The Science or "reason why" must first be mastered, then the Art, taught by clinics, may logically follow. First we must convince the mind that the doctrines are true. Men who have failed and deserted our methods were such as had observed the Art and the results, and from seeing these believed but did not have knowledge to duplicate the results of the masters, and hence wandered away disheartened and discouraged.

The old staunch believers and supporters have passed, or are rapidly passing away, and those who are asked to rally to our standard are sadly lacking in

weapons to defeat the foe. The lack of enthusiasm in our teachers has produced, and added lack of zeal among the practitioners. Graduates of our school are content to be just physicians and the "Homœopathic," for which our forefathers fought, is kept rather sub rosa and mentioned only when it can be traded upon for monetary gain. Let us return to the name homœopathic physicians ; believe, and not fear to say, and to prove, that we are proud of the fact that we have something more than that which pertains to the great field of medical tradition. Be homœopaths and show that Homœopathy means something.

CONTROVERSIES

The splits within our ranks, and the controversies over dosage and potencies have gravely injured our school, and as a result many of our men, who would have made most capable teachers, have remained away from our meetings. There should be no controversy with men when principles are at stake. The truth often cuts men deeply and urges to dispute : wounds thus made seldom heal by first intention, and leave ugly scars. Controversy rarely teaches those who do not seek the truth,

SPECIALTIES

Many of our men have given their endeavours to other branches of medicine than therapeutics ; have lost interest in the homeopathic Law and in the homeopathic remedy. These specialties have led to material things, and the present trend of medicine is to treat material things by material methods.

Further, we have not made proper use of laboratory findings. These should have been used to confirm our diagnosis and prove the action of the homeopathic remedy, but they have rather led to a drifting away from the old and tested methods to newer therapeutic methods, notwithstanding that the newer practices have never shown so brilliant nor so lasting results as our homeopathic remedy when administered according to scientific methods. Deviation from our Law and science can result only in confusion, chaos and failure.

(*To be continued*)

—*The Homeopathician.*

THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

—HAHNEMANN.

VOL. XXV.]

JULY, 1916.

[No. 7.

ENLARGED LIVER.

We very often get cases of enlarged liver with fever and other concomitant symptoms in young children in this country. They are very seldom seen in other parts of the world. These cases are particularly seen in Bengal, especially in big towns like Calcutta. If these cases are treated allopathically or with any other heroic method of treatment, the result is disastrous. They, in that case, often end in obstructive jaundice or dropsy with cholemia, coma and death.

But these cases are always amenable to homeopathic treatment. Very greatly enlarged liver with fever, constipation or diarrhœa, is reduced to its normal size in a short time with indicated remedies. But when the liver becomes enlarged and hard and jaundice supervenes, the chances of success are very rare. In fact such cases always prove fatal. We have been able to

cure many patients with the aid of the indicated and homeopathically selected medicines. Our old school brethren are unable to deal with such cases and so they are given to homeopaths. Our success is always regarded as a great achievement in medical science.

Some interesting cases are given which, though pronounced incurable by other systems of medicine, have been thoroughly cured at our hand.

I was called by a homeopathic physician to see a bad case of liver on the 5th of September, 1914. The child was about a year old, greatly emaciated with protuberent abdomen filled with enlarged liver and spleen.

Great emaciation, anemic face and utter depression were first visible. On palpation, a somewhat hard mass about the size of a *bale* fruit was noticed, not painful to the touch. It was moveable. The spleen was half that size.

Fever of an intermittent type was observed. Temperature ranged between 98 to 101 F. In the morning till 9 A. M. he was free from fever which commenced to rise from 10 A. M. No chill, but gradual heat with no other perceptible symptoms present. Bowels were generally constipated, and stools were like hard balls expelled with great difficulty. Urine high colored and rather scanty.

Nux vom. 30, one dose, morning and evening, for three days. After that I was informed that fever used to come late in the afternoon and bowels were somewhat regular.

Placebo twice daily for a week.



No improvement after that period, but the liver seemed to be smaller and softer.

Nux vom. 200, one dose, followed by placebo.

The child was very much better in every respect. But the fever was persistent.

Calc. ars. 30, one dose, morning and evening, stopped this.

In short, the child was better in all respects. Liver was much smaller and softer. The spleen was reduced in size and the bowels were regular. In fact the child was cured after a continued treatment for three months. Medicines were given at intervals according to indications.

As regards diet only barley water with sugar was given and some fruit juice. Very often hue and cry was raised at the beginning by the relatives of the patient that how the child could live with only barley water for diet. I assured them that when the disease was cured the child would grow fat and healthy. This was certainly a remarkable case.

Another case was that of a little child, about a year old, who had been down with fever and enlarged liver three months after his birth. He had been under allopathic treatment ever since but was getting worse every day. Liver was very much enlarged and somewhat hard. When brought to me he had fever every afternoon, great constipation, stools hard and knotty, some cough and aversion to take food. Milk was the only food given. I stopped the milk, only barley water with sugar was to be taken. *Bryonia* 30 twice daily.

In a week's time the fever was gone and the bowels were regular. No medicine for one week ; enlargement of liver the same.

Calc. c. 30, once a day, reduced the liver in a fortnight. All medicines were stopped and the child made a complete recovery.

The third case was that of a friend's child. He had lost three of his children from infantile liver, all under allopathic treatment. The next child, about six months old, was given to me by his wife to be treated homeopathically. With great difficulty I cured this case. He was under my treatment for six months. Nux. v, Arsenic, Calc. ars and occasional dose of Sulphur were given. Milk was forbidden under protest even from the maid servants,

My sister-in-law's daughter had enlarged liver and fever. Calc. ars. 30 was given from the very beginning ; milk was not allowed and a perfect recovery took place in ten months. But another child of hers, who was all along at her father-in-law's house, and was treated by allopathic doctors who allowed plenty of milk or food with allopathic medicines, ultimately died of hardened liver, jaundice and consequent blood poisoning.

An East Bengal zemindar's daughter had slight enlargement of liver and consequent fever for some time. Dr. McConnell, the eminent allopathic doctor at that time, advised the zemindar not to give any medicine and give the child no milk. He further advised to take the child up country for a change.

This was a very sound advice. I was called at last and with Nux vom. high and Calc. c. 30 a complete cure was effected within three months.

The doctor had occasion to come to the house later on when the lord of the house told him that this child had liver and was cured by a homeopath naming me. The doctor politely replied "you did well as homeopathic medicine is nothing but water. In these cases of liver disorder," he said, "medicines do great mischief."

All cases of enlarged liver and fever with jaundice end fatally. No treatment is of any avail.

In some cases dropsical swellings and general anasarca were the causes of death. In order to avoid jaundice, place the patients under low diet, such as barley water or sago water and so forth. Fruit juice is very efficacious in enlarged liver cases.

In one case of commencing jaundice in enlarged liver I had been able to cure the child with Merc viv. 200. He had diarrhoea with mucus and blood in stools.

P. C. M,

THERE'S A REASON.

(Continued from page 192, No. 6, Vol. XXV.)

THE FUTURE

For the future of Homœopathy : Our Law is the only stable foundation upon which any system of therapeutics is based. Remedies discovered by Hahnemann *will stand the test of experience* for ages to come,

as they have grown stronger and better by use since their discovery. Homœopathy rests not upon theory nor upon opinion, but upon facts.

Exactitude of methods, similar remedies for similar symptoms the world over, with the same good old *materia medica* which becomes better with age and use, will appeal to the minds of reasoning men in a way to secure a hearing.

Modern scientific methods are rediscovering and proving the Law and statements of Hahnemann. Surely the Law of the science of Homœopathy will live, but for us remains to uphold it, and to demonstrate its virtues; else it will be born again under a different name.

The above reasons advocate strongly that we must exert ourselves to find a remedy to correct the conditions. This remedy will be found, I believe, in :

Co-operation ; getting back to first principles ; and Post-Graduate courses in Science and Art of Homœopathics.

The changes wrought by corrections already inaugurated in our college systems, from the nature of things, must be slow, and another generation of graduates must come forth before we can hope for much relief from this source.

a. For immediate relief we may look to the united effort and co-operation of the specialists of our school and the homœopathician, or specialist in homœopathic therapeutics.

All movements or industries must depend for their

successful achievement upon united effort and co-operation of all forces concerned. This is doubly true of our system of medicine to-day, especially where we must demonstrate the efficacy of the Art of Homeopathy along lines of modern research.

Along these lines members of this Society may do the most effective missionary work for Homeopathy. Associate ourselves with a group of specialists ; say diagnostician, surgeon, oculist and aurist, radiographer and pathologist. Get them to see that every case has its medical side, and that this side requires the care of a specialist in therapeutics : a homeopathician. Let all these specialists examine our hospital-cases, record their findings, do their mechanical work along their special lines ; but show them the advantage, and the extra benefit to the patient, of the proper use of the correct homeopathic remedy.

We do not expect all men to be perfect, to believe as we do upon all subjects. Show them by precept and results ; then they will believe.

b. This brings us to another item for consideration: AUTHENTIC REPORTS of results obtained by the use of the homeopathic remedy. This age of nihilism in therapeutics demands more than the unconfirmed report of one man as to the results obtained by any therapeutic agent. The advancement of modern methods in scientific medicine requires that statements of conditions cured must be corroborated by scientific methods : in the laboratory, and by instruments of precision in the hands of the diagnostician.

If we expect to receive recognition for our science and art we must meet these demands so far as the advancement of science will allow demonstration and confirmation. A few personal acquaintances and friends will believe in us, but the vast majority will say we are either fools or falsifiers. We have subjected ourselves to criticism, by our neglect ; not having had our diagnoses and cures confirmed by other men, before reporting them.

For example : if John Smith asserts that he has cured a case of gastric ulcer with the homeopathic remedy, he must first prove conclusively that his diagnosis was correct ; then he must present tangible evidence that the case was cured. The bare declaration of unsupported facts will not carry weight ; but if, through the co-operation of John Doe, the diagnostician, and James Roe, the radiographer, these facts are proven and confirmed, then John Smith can present irrevocable facts which will appeal to reason.

When we have such corroborated records, let us enter the camp of the enemy with them. Then we can demand and receive hearing and respect. Then we shall have our results expressed in terms that can be understood by men of all schools. It is useless to go before a group of men who have not seen the results, and expect them to believe that a single dose of the potentized remedy will cure anything, much less will cure the grave disease-conditions which we do cure and report. We must give these results personal publicity ; we must associate with the persons whom

we wish to convince and convert. How many heathens would have been converted if all the missionaries remained together in two or three little groups and staid in New York? You say the men in other societies will not listen or will ridicule. The response is : Submit your records in shape so that they are not open to ridicule, but will command respect.

Let us gather and co-operate with the specialists in our city ;

Begin first on a small group of cases ;

Let each man thoroughly examine the patient, and make a record of his findings ;

Have the homeopathician administer the indicated remedy ; and :

All observe results.

After results have been obtained publish them in a monthly bulletin.

Such reports would be craved, eagerly sought by men of all schools ; the publicity thus given would cause such an awakening in our own school, such a demand for scientific Homeopathy, among the laity and among the internists, that our colleges would be full to overflowing,

Ample proof of this fact is to be found in the history of medicine, even though the results have been inadequate, and incomparable to those we could produce by the above methods.

c. The last means of relief I would suggest are Post-Graduate Courses in the Science and Art of Homeopathics.

Our present college-course does not present the opportunity for acquisition of such knowledge ; therefore we must supplement this with an additional year of work for the medical graduate.

Many men who have spent four years in college, and some who have added years of practice, would be glad of the opportunity to master a science of therapeutics, and would be in a receptive mood to assimilate the Law. The inexperienced must be assisted and instructed in order to practise Homeopathy without resort to traditional medicine ; but assistance can be of use only when it is desired and appreciated.

The curriculum of our course would be concerned with only three following subjects :

1. The ORGANON : The Science of Homeopathy.
2. MATERIA MEDICA : Based on provings and verifications.
3. The REPERTORY : Art of applying the science in selection of the curative remedy.

I must differ from many men of our school as to Post-Graduate schools ; especially from those who advocate the abandonment of our present colleges. We must keep all our schools and strengthen them, for so surely as the recognized homeopathic colleges in this country disband, so surely will Homeopathy as a separate school of Medicine cease to exist. Post-Graduate schools can never take the place of colleges. That Homeopathy holds its standing and its States is from the fact that we have had recognized colleges in which our young men could be educated. To abolish

these would place Homœopathy in the same deplorable condition here as abroad. With all the lectures and Post-graduate work that have been given in England in the past, how poor a showing they have made in the number of practitioners and hospitals, compared to the United States ! We could hope for no better results by following the same methods.

If Homœopathy is to survive the endless confusion in therapeutics in our age, its survival will be due to earnest research-work under the Law, in provings, and in application of medicine.

SUMMARY

As remedy :

First : Create a demand for the true doctrines, by publicity of authentic reports of cures corroborated by co-operation of the special branches of medicine.

Second : Supply the demand for knowledge thus created by a thorough POST-GRADUATE COURSE IN HOMŒOPATHICS.

—*The Homœopathician.*

CHOLERA.

Asiatic or Epidemic cholera is a specific disease. It is characterised by purging, vomiting, cramps, extensive coldness, pulselessness and suppression of urine.

Causes.—Causes of cholera were involved in obscurity for centuries but modern investigation gives some clue as to the causation of this dire disease.

Infection takes place by way of the digestive tracts. Bad water and food are potent causes for the outbreak of this disease.

Professor Koch discovered Coma Bacilli in the stool of cholera patients and he thought this was the true cause of cholera outbreak. These Bacilli enter the blood and multiply there, and produce purging and vomiting. Dr. Luis and Cunningham think that milk, drinking water &c. get contaminated by cholera poison and this produces the disease. Dr. Pettenkofer believes that stools and vomited matter when thrown on earth multiply by the addition of subsoil moisture and these when introduced into the system by food and inhaled in air cause an attack of cholera.

Many people think that a peculiar atmospheric change is the cause of cholera. The onset of the disease generally takes place in the latter part of the night or in the morning when the air is very cool, so atmospheric change may have some connection with its outbreak.

There are some predisposing causes at work in helping to produce the disease. Extreme exhaustion by any cause, much travelling, indiscretion in food and drink, taking of purgative medicines, mental depression, sorrow or fear and other mental depressions are some of the predisposing causes.

Symptoms.—Premonitory symptoms are often overlooked. Diarrhœa is the first symptom noticed. It may come on suddenly or gradually.

When fully developed, purging and vomiting are

bilious in nature but later on they are colourless and assume the character of rice-water evacuation. There is colicky pain or sometimes no pain. Vomiting is also rice-watery but first undigested matter is ejected. There is excessive thirst and restlessness. Cramps in the muscles of extremities and trunk are very painful. The patient gets exhausted.

The third and the next stage is that of collapse. It is also called Algid stage. Feature of the patient is quite changed in this stage. Face becomes pinched and shrivelled ; colour of the face, especially of the lips becomes blue ; eyes sunken and half closed ; nose pointed and dried ; and the lower jaw hangs down. The whole body becomes blue or black, the fingers and toes are more so. Skin of the whole body assumes the appearance of that of a washerman, and ridges and furrows are observed.

Body becomes cold like ice. Dr. Goodeve says that thermometer indicates 89 to 90 degrees of temperature ; blood and circulation undergo marvellous change ; pulse becomes thready but frequent or very often indistinct ; pulselessness is the rule in this disease ; heart's action is very feeble ; blood becomes tarry and black ; impediment in respiration is a marked symptom in the collapse stage ; dyspnœa and obstruction in breathing are observed ; respirated air becomes very cold ; hoarseness and aphonia are very common symptoms from the very beginning of the disease, but more marked in this stage.

Nervous depression and extreme prostration are

always present. Great restlessness or apathetic state ; sleeplessness or comatose sleep. Burning of the body and intense thirst. Patient appears sometimes anxious, at other times full of complete apathy ; sometimes headache, vertigo, buzzing in ears, and dim vision. Mind remains clear up to the last. Cramps are sometimes present.

Natural secretion and absorption are reduced or altogether lost. Saliva is nearly absent and secretion of urine is stopped. Many assert that this loss of urinary secretion is a sure sign of cholera, but it is not a positive symptom.

Purging and vomiting are stopped at this stage of collapse. If all these symptoms appear quickly and furiously, the patient dies in a few moments. Death takes place from asphyxia and coma.

The fourth stage of cholera is that of the *reaction*. In this stage the patient advances towards recovery. The colour of the face and body generally assumes a natural hue and a tinge of blood is noticed in the mucous membranes. Pulse is perceptible and normal action of heart is restored. Skin becomes dry and warm. Secretory and excretory functions are established and the patient is out of danger. Stools become thicker in consistency and assume yellow or bilious colour.

But very often some other symptoms and conditions appear and sometimes these after effects and sequale are dangerous. Dr. Goodeve says that fever is a constant after effect of cholera, but it is not serious. It assumes either a remittent or an intermittent

form and passes off quickly. But unfortunately we do not very often find such a favourable course of the fever. Generally but gradually it assumes a typhoid character and becomes fatal. By judicious homeopathic treatment we are able to overcome these difficulties very nicely.

Hiccup is another very distressing after effect of cholera. It often takes place after repeated administration of drastic and stimulant medicines. But kidney involvement is more dangerous than the above sequale of cholera. Acute desquamative nephritis and subsequent uremia are of frequent occurrence. If these conditions remain very long, the patient becomes weak and exhausted and dies of coma.

Enteritis, dysentery, diarrhœa, sleeplessness, pneumonia and pleurisy are often observed. We have frequently seen that various skin eruptions, as urticaria, measles, erythema &c., are accompaniments or after-effects of cholera.

Parotitis, ulceration of cornea, gangrene of various parts of body, bedsores, boils and ulcers are frequent complications. If these last long, the patient grows exhausted and anemia and destruction take place.

Cholera is of many kinds. Sometimes after a few evacuations, the collapse takes place. This, though rare, is very serious. It has also been observed that without any purging or vomiting the patient becomes cold and pulseless. It is called cholera sicca or dry choleraic diarrhœa. English cholera, bilious cholera,

sporadic cholera, summer diarrhœa &c. are names given to a very mild form of the disease.

Prognosis.—It is needless to say that prognosis of cholera is always serious. All its stages and conditions are dangerous. Epidemics always differ from one another. In some epidemic death rate is enormous and in other it is trivial.

Old age, residing in an unhealthy place, over work, drinking, sexual excesses, coming from an infected place to a new place, all these make the prognosis unfavorable.

Notes and Comments.

Allopathic Fears.—Our brethren of the regular school of medicine are full of fears. They have fear of bacteria, fear of septic infection, fear of consumption, and fear of blood poisoning of all kinds. We get some cases when the allopaths declare them to be serious from blood poisoning and serious consequences. With simple and carefully prescribed medicines we cure them and get the credit.

A young lady in child-bed, who had slight fever, was advised by a regular doctor to take many precautions against many a septic. The husband was a staunch homeopath. A few doses of Aconite cured the fever and everything.

Salversan.—This new fad has done and is doing

incalculable mischief in many cases of syphilitic diseases. I know of a young man who suffered greatly from mental derangement and deranged health. This young man had this characteristic fear always, fear of going out in a street, fear of travelling in a railway car &c. It took a long time to cure him with homeopathic medicine. Sudden collapsed state was noticed in a man treated by salversan.

Backache.—It is often a very obstinate disease to cure. Bryonia, Rhustox and other anti-rheumatic medicines often suffice. In cases with kidney involvement Merc. cor. and sol, Iodium, Berberis and so forth are necessary.

Homeopathic schools.—These open in the month of June and many new admissions are expected this year. We see the advertisement of another school to be opened. Instead of multiplying homeopathic schools in this city, we advise the proprietors of these institutions to make a grand College with a hospital attached, worthy of the name of Homeopathy.

Heat.—Heat in Calcutta in this season is unbearable. There was a heat wave in our city this month and we are told a few deaths took place from sunstroke or heart failure.

The Hills.—Some of our eminent homeopathic doctors are away in the hills. We hope they will come back with restored health and renewed vigor. The weather in these health resorts in the Himalayas

is splendid and the sceneries of Darjeeling, Musoorie and Simla are beautiful.

TUBERCULINUM-BACILLINUM.

H. C. ALLEN, M. D.

Materia Medica.

Pus (with bacilli) from tubercular abscess. A Nosode.

Adapted to persons of light complexion ; blue eyes, blonde in preference to brunette, tall, slim, flat, narrow chest ; active and precocious mentally, weak physically ; the tubercular diathesis.

When with a family history of tubercular affections the best selected remedy fails to relieve or permanently improve, without reference to name of disease.

Symptoms ever changing ; ailments affecting one organ, then another—the lungs, brain, kidneys, liver, stomach, nervous system—beginning suddenly, ceasing suddenly.

Takes cold easily without knowing how or where ; seems to take cold “every time he takes a breath of fresh air” (Hep.).

Emaciation rapid and pronounced ; losing flesh while eating well (Abrot., Calc., Con., Iod., Nat.). Melancholy, despondent ; morose, irritable, fretful, peevish, taciturn, sulky ; naturally of a sweet disposition, now on the borderland of insanity.

Everything in the room seemed strange, as though in a strange place.

Headache; chronic, tubercular, pain intense, sharp, cutting, from above eye to occiput, as if an iron hoop around head (Anac., Sulph.); when the best selected remedy only palliates.

School girl's headache : < by study or even slight mental exertion ; when using eyes in close work and glasses fail to > ; with a tubercular history.

Acute cerebral or basilar meningitis, with threatened effusion, nocturnal hallucinations ; wakes from sleep frightened, screaming ; when Apis, Helleb. or Sulph., though well selected, fail to improve. Crops of small boils intensely painful, successively appear in the nose ; green, fetid pus (Sec.). Plica polonica ; several bad cases permanently cured after Bor. and Psor. failed.

Diarrhœa ; early morning, sudden imperative (Sulph.) ; emaciating though eating well (Iod., Nat.) ; stool dark, brown, watery, offensive ; discharged with great force ; great weakness and profuse night sweats. Menses too early ; too profuse, too long lasting, tardy in starting ; with frightful dysmenorrhœa ; in patients with a tuberculous history.

Tubercular deposit begins in apex of lungs, usually the left (Phos, Sulph, Ther.). Eczema : tubercular over entire body, itching intense, < at night when undressing, from bathing ; immense quantities of white bran-like scales ; oozing behind the ears, in the hairs in folds of skin with rawness and soreness ; fiery red skin. Ringworm.

Relations. Complementary : Psorin, Sulph.

When Psorin, Sulph, or the best selected remedy fails to relieve or permanently improve ; follows Psorin as a constitutional remedy in hay fever , asthma.

Belladonna for acute attacks, congestive or inflammatory occurring in tubercular diseases. Hydrastis to fatten patients cured with Tuber.

Clinical Cases.

BY DR. DAKSHINA RANJAN DATTA.

I.

Tozomahall, a Mahomedan boy of 16 years, son of Roffeuddin, pcon, Serampore, had been suffering from a chronic attack of malarious fever from a long time. He was attacked with ague with enlargement of liver and spleen when he was living in his country-house of Chandanpur village, a malaria-stricken place in Nadia District. When he was in his country-home, a great attempt had been made to suppress the chill by big doses of Quinine and other old system of medicines by the allopathic doctors of the place, but to no effect. His father brought him here at Serampore in the middle of winter—on the last part of Poush, 1322 B. S. and placed his boy under my treatment. The nature of the ague of the boy was this :—

He used to get fever almost every night between 8 & 10 P. M. with great chilliness just after finishing his supper or at the time of drinking after last meal.

The chill lasted for a long time with icy-coldness of nose, feet and hands and even to the tips of fingers. There was very little thirst in chilly and hot stage but great thirst during perspiration. The region of the spleen was very much painful and tender on pressure. The sweat was copious and debilitating and marked all over the body and specially, on the head when he fell asleep at night and was sometimes disturbed by nightly diarrhœa. The tongue was mapped with thin, white membrane with a sensation of rawness in it. I gave China 30, thrice daily, during apyrexia for 3 days, having almost all the symptoms of it, specially having the marked symptom of nightly diarrhœa of China, but China failed to have the desired effect. The fever began to return very regularly in the same fixed hour of the night. My next selection was Taraxacum (6) ; from the next day after administering Taraxacum, the boy had no further paroxysm and since then he has been all right. Before I finish the report of this case, in conclusion I beg to add that in the malarious intermittent fever, China has a close resemblance to Traxacum ; there is not the least doubt about it. But in China the time is not characteristic, the fever may begin at any hour of the day, generally not at night ; both have thirst during sweat but not during chill and specially during heat. Both have abundant, debilitating perspiration, but sweat of Taraxacum breaks invariably at night during sleep, *which is the guiding symptom of it* and differs from Cinchona in that ; the China sweat comes on

night or day when covering up. China fever is generally accompanied with diarrhœa, but that is not the case with Taraxacum.

The tongue of Taraxacum is mapped, which is covered with a white film, with a sensation of rawness in it ; afterwards thin membrane comes off in pieces, leaving dark-red, tender and very sensitive spots like Lachesis. The tongue of Cinchona is white yellow, with thick dirty coating. Taste too acute, bitter taste in mouth, indifference to all food, even when thinking of it. In spite of this successful treatment of hundreds and hundreds of cases in homeopathy, allopathy affirms that intermittent fevers cannot be cured without Quinine, because Quinine is the antidote of "Marsh Miasm" which is the cause of intermittent fever. Whatever may be the blind faith of allopaths, homeopathic doctors must acknowledge that it is most difficult to treat all sorts of intermittent fever cases in homeopathy, unless they thoroughly master our individualization—the keystone of the homeopathic arch. Before we can attempt to select a proper remedy for a given case, our first duty should be to ascertain the particular symptoms of the patient, which form the picture of the disease. If we be successful in it, our difficult task of selecting proper medicines in intermittent fever cases would be much lighter. Our noble master Samuel Hahnemann himself says :—
"The totality of the symptoms which characterize a given case, being once committed in writing, the most difficult part is accomplished." Dr. H. C. Allen, the

best and highest authority in the treatment of intermittent fevers clearly says :—The symptoms occurring before and during the chill, heat, sweat and apyrexia ; the time of occurrence of paroxysm ; the parts of the body, in which the chill first makes its appearance ; the regularity of the stages ; the degree or absence of thirst, and time of its appearance as well as the constitutional ailments aroused by the fever, are to be carefully noted.

II.

Babu Nogendra Nath Banerjee's daughter, Serampore Aknapara, a girl of 13 years of age, had been suffering from a chronic attack of malarious intermittent fever for the last 6 months, which was repeatedly suppressed by big doses of Quinine and other allied medicines from time to time by a renowned allopathic doctor. When Nogendra Babu's brother called upon me to treat the case, it was of double tertian type. The chilliness commenced at 1 P. M. with continued yawning, gaping, stretching and quivering and attended with little thirst and pains in the bowels and excessive headache. During heat :—much thirst, increased cutting and tearing pains in head and bowels and in extremities, the pains extending to the very tips of fingers and toes. Nausea, vomiting and copious discharges from the bowels of a frothy mucus and at last between 9 and 10 P. M. the copious perspiration with gradual relief of all the symptoms but

disturbed by troublesome urticaria all over the body. I gave Rhus Tox (30) thrice daily, during apyrexia for 2 days, but no improvement was marked except the pains in the bowels which seemed little less. I changed Rhus Tox for Elaterium 6, every four hours, during remissions. A few powders of Elaterium 6 cured her promptly and radically.

III.

Abdool Karim, an inhabitant of Kassietola, Serampore, a poor boy 22 years old, had an attack of pneumonia on the 24th of April and was under the treatment of another homœopathic doctor of the place. His mother called upon me for treatment of her boy on the 6th of May, 1916. When I saw the patient, he had double-sided pneumonia. The crepitation sound of both the lungs was clearly audible; the constant troublesome cough disturbing the patient; difficult respiration; the frothy mucus was very tenacious, which he coughed up with great difficulty, mixed with bloody spots here and there. The exhausting perspiration throughout the whole body. No stool for the last three days. The great thirst for cold drinking, drinking large quantity of water very often, awful burning sensation over the whole body, very much impatient for lying in damp place and constant fanning. Distention of abdomen. High fever, temperature being between 104° and 105° . No sleep during whole day and night; if he tries to close the eyes, he was instantly disturbed

by muttering delirium. The spermatic chords of both the sides were swollen, very tender and painful to touch. Constant nausea and spitting out frothy mucus always. The patient vomited out two large lumbricoides in the beginning of the attack. I commenced the treatment with Cina 200, two doses, every six hours. No change in the least. He was very impatient for clearing his bowels and used the douche next day. The bowels moved satisfactorily but no relief of any symptom. I gave him Rhux Tox 30, every 4 hours, for two days. This did him some good as regards fever and pains of spermatic chord but not the least improvement in the troublesome cough. Then I gave him Ant. Tart. 30 and Phos 30, four doses of each, successively but they, too, failed in bringing about the desired effect. My next selection was Carbo Veg. 30 and Kali Bich 30. These two medicines gradually relieved the troublesome pains and removed all the symptoms of the cough and cured the patient thoroughly in another week. Simple diet, such as barley and sago water, Horlick's Malted Milk, pomegranate juice, grape juice, lemonade, soda water, during fever, and boiled rice, fish-soup and thin milk after remission.

IV.

Babu Mati Lall Mukherjee's grand-daughter, of Mahesh, a girl 17 years old, had been suffering from chronic attack of Beri Beri since the beginning of the year 1915, when she was residing at her father-

in-law's house in Calcutta. She was removed here to Serampore-Mahesh to her grand-father's house in the month of June, 1915. The girl was handsome, fatherless, and only dotage child of her old grand-father and consequently of lethargic habit, even unwilling to attend nature's call at the usual hour. When she was in Calcutta at her father-in-law's house, she had been treated for a certain period by *Totka medicines* and, then by allopathic and Kabiraji mode of treatment according to the old system of her father-in-law's house. Her grand-father Mati Lall Babu of Mahesh sent for me for the treatment of her grand-daughter on the 12th. of December, 1915. The girl was naturally constipated, attending nature's call on every second or third day, urine very scanty, passing very small quantity of urine twice or thrice during whole day and night. Œdema of leg, feet, hands and abdomen ; little congested liver ; had neither appetite nor thirst ; loathing for any sort of food ; willing to remain in damp place, distended abdomen, —stomach felt to be always full, accumulation of flatulence. Formerly in the beginning of her disease, she had acute catarrhal symptoms and obstinate cough but at present she had no catarrhal symptoms, but very little cough at long intervals, no complaint in the chest or lungs. I commenced the treatment with *Nux Vom* 200, once daily, in the morning, for three days. The improvement was very slow. I gave 6 powders of *Lycopodium* 30, twice daily, morning and evening, for 3 days, followed by 6 powders

of Placebo for next three days. The result was not very satisfactory with the exception of modifying the gastric symptoms. My next medicine was Apis Mel. 30, twice daily, morning and evening, for four days and then a few powders of placebo for next five days and so on for a fortnight. She was brought round by a few doses of Apis Mel. 30. Urine became copious and œdema of the leg, feet, hands and abdomen all disappeared. She was thoroughly cured within a month. Diet was simply curry, fish soup, and rice in the morning and a few pieces of chapati or loaf and milk in the night.

CIMICIFUGA.

BY ELLA M. TUTTLE; M. D., NEW BERLIN, N. Y.

Cimicifuga acts primarily upon the brain and spinal cord and through them upon the entire organism. Cowperthwaite says : "It produces a universal depressive irritant condition which indirectly extends to the muscles and the female generative organs." On the mind the drug produces great depression as though some dreadful calamity were impending. The patient talks of suicide but rarely attempts it. She fears death too much, and, if she should attempt it, will make sure that some one knows of her intention so that she may be rescued. She is very loquacious and constantly changing from one subject to another.

A curious sensation was reported by some provers "as though the vertex opened admitting a stream of cold air." Severe headache extending to the eyes, worse on motion but relieved in the open air. Aching in the eyeballs, which are

sore on turning (*Bryonia*, *Gelsemium*). Pain that comes up the spine and settles over the eyes and ears, roaring in the ears, pressing outward of malar bones.

In the female generative organs, *Cimicifuga* is often helpful, though many of our most valuable symptoms here are clinical. There is a pain shooting from side to side in the uterine region, or pains shooting upward from the ovarian region. Menses delayed, scanty or suppressed, or the menses may be profuse with bearing down pain and severe headache. Hysterical or epileptiform spasms at time of menses. The more profuse the flow, the greater the suffering.

In pregnancy there are sharp pains across the abdomen, nervous insomnia ; abortion threatened at the third month (*Sab.*) ; great distress in the first stage of labor. The patient is irritable and almost insane with pain, throws herself from side to side and declares, "Something must be done." A few doses of *Cimicifuga* will often quiet the patient and she goes on bravely with the rest of the labor. There may be nervous shivers (*Acon.*), twitching of the muscles ; convulsions seem imminent. Some physicians recommend for two months before term a daily dose of *Cimicifuga*, either alone or combined with *Viburnum* and *Pulsatilla*, claiming that at labour the pains are less distressing and that it has a good effect upon the vitality of the child.

Cimicifuga produces sharp pains in the region of the heart and through the entire chest, with numbness of the left arm, which feels bound to the side. There may be cold sweat, livid face, irregular trembling pulse (angina pectoris). Pains in the right side of chest, worse from motion ; cries out with the pain.

There is sensitiveness of the spine especially in the cervical and upper dorsal region ; head and neck retracted. Severe aching in the lumbar and sacral region. Rheumatic

pains in the joints, soreness and rheumatic pains in the belly of the muscles, trembling and uneasiness of the limbs ; constant motion of left arm (chorea) ; general bruised feeling of whole body. Sleep is restless, must change position often, or there may be insomnia ; jerking in sleep ; dreams full of trouble.

These are a few of the symptoms that should lead us to think of *Cimicifuga* in our prescribing. Two clinical cases are submitted from my own practice.

Miss S., unmarried, age 20, brunette, large, muscular, had done much hard work on a farm, complained of pressing pains in the head, especially in the occipital region, sometimes pains coming up from spine to occiput and vertex ; soreness and shooting pains in the back, disturbed sleep, scanty painful menses, often delayed. At the menstrual time she had attacks of unconsciousness, when she would toss from side to side and clutch at the occiput as though in agony. *Cimicifuga* entirely stopped the semi-convulsive attacks and relieved many of the other symptoms through other drugs, as *Belladonna*, with the cautery, had to be used before the spinal irritation was entirely cured.

Miss W., unmarried, 35 years old, had worn a pessary for 15 years, had profuse menstruation with severe aching in the sacrum and across the pelvis, seemed dazed at times and declared she would go crazy with the pain. On local examination, I found the uterus prolapsed and retroverted, cervix eroded from the irritation of the pessary, left ovary prolapsed and extremely sensitive. I referred the patient to Dr. A. R. Grant, of Utica, who did a ventral suspension of the uterus, but though the left ovary was red and inflamed it was not removed. For a few months after the operation there was headache and pains shooting across the abdomen at the menstrual time, but *Cimicifuga* promptly relieved her, and now

for two years she has considered herself well and has taken up nursing as a profession.—*Homeopathic Envoy*.

HONEY.

BY W. H. DIEFFENBACH, M. D., NEW YORK CITY.

Besides its unquestioned food value, honey is a somewhat forgotten remedy for many diseases. Pythagoras claimed that honey prolonged his life for many years and the ancient Greeks attributed many virtues to it. Inasmuch as the busy bee takes its sustenance from so many flowers and plants many of which have medicinal value, it does not require much research to determine that its product, honey, must contain many of the ingredients which its producer extracted for its food.

Genuine honey is a food like none other. Its kind of sugar is directly assimilated—unlike cane and other sugars; it furnishes calories and stimulates metabolism. Honey has more food value than meat or eggs. In consideration of its caloric value it is cheaper relatively than most foods, being twice as productive of results as butter. One ounce of honey has 75 calories more than an egg.

Honey has soothing and healing qualities on the skin and mucous membranes. In ancient times it was used as a dressing for wounds and in the alleviation of whooping-cough.

Honey dissolved in water is excellent as a gargle for pharyngeal and laryngeal catarrh. It is also excellent as a dressing in chilblains and softens an irritated and rough skin. Two tablespoonfuls taken at night have been found beneficial in some cases of insomnia and, incidentally, acts as a laxative in the morning.

An old fashioned remedy for worms is to mix the juice of garlic with honey and administer this concoction twice daily in one ounce doses.

In Germany the peasants add a quantity of honey to their

beer as a laxative. Dr. Custis, of Washington, D. C., recommends honey as a prophylactic against diphtheria. Honey, if heated and placed upon a bandage, has been recommended as a local application in coughs, aphonia and especially in whooping-cough. In the latter condition the honey is given internally also.

In excessive acidity of the stomach, hyperchlorhydria, a diet consisting almost entirely of honey has been recommended.

In small wounds and inflammatory areas honey can be applied as an occlusive bandage. It closes up the edges of the wounds, and, owing to the formic acid it contains, it is an antiseptic. This formic acid also makes honey an excellent vehicle for salves and local applications.

Professor Reclam strongly urges that honey be used more largely instead of ordinary sugar as the formic acid prevents fermentation and its accompanying symptoms of flatulence and toxemia.

An analysis by Professor Bunge, of Basel, Switzerland, shows that, while sugar contains no lime or iron, honey has 6.70 per cent. of lime and 1.20 per cent. of iron and, as our food is so frequently deficient in these two elements owing to demineralization—*e. g.*, white patent flours—the desirability of substituting honey for sugar is urgent and obvious.

In addition to its valuable mineral ingredients, honey contains sugars as follows :

42 per cent. grape sugar.

35 per cent. fruit sugar.

2 per cent. cane sugar.

The two former sugars are in a readily assimilable form, while cane sugar must first undergo alimentary change before it can be absorbed. If cane sugar is not properly digested there is fermentation, acidosis and symptoms of indigestion and subsequent catarrh.

Honey, having, as stated, a combined 77 per cent. of grape and fruit sugar, should be preferred to manufactured sugar wherever possible owing to the above facts. In addition, the great value of its salts, especially lime and iron, and the presence of its always ready antiseptic-formic acid must be borne in mind in considering its great value as a health food.

Dr. DeForest says, "Sugar ferments readily : in the presence of moisture, heat and bacteria, fermentation of sugar causes the formation of alcohol in the body so that people who eat quantities of candy or sugar which they do not properly absorb or digest are really walking distilleries, and have disturbed digestion and liver trouble very much like the inveterate whiskey drinker. These candy eaters also have skin eruptions such as acne (pimples), which can be referred to improperly digested sugars in many instances. It has been said that fifty per cent. of mankind suffers from disturbances of digestion ; and cane sugar has much to do with the causation of these complaints."

Honey, therefore, should be substituted for cane sugar wherever possible and its food value re-established, especially in the United States, where it is a neglected food.

It is important to determine the quality of honey, as it varies greatly. Honey secured from bees feeding in swamps and pine woods is harmful. Artificial honey is valueless and often harmful also. Honey secured from buds and flowers contains the ideal product and is truly the nectar of foods. Clover, buckwheat, linden and wild-flower honey, all have partisans, but are all pure and wholesome.

Artificial sugars such as saccharine, saccharose and sugarin, being made of coal-tar, are harmful : and colored candies are also a great source of indigestion and intoxication.

—*North American Journal of Homœopathy.*

THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

— HAHNEMANN.

VOL. XXV.]

AUGUST, 1916.

[NO. 8.

KENT MEMORIAL MEETING.

A thoroughly representative meeting of the Homeopathic physicians of Calcutta and its suburbs was held at the Refuge at 5 p. m. on August 1st, 1916, to express sorrow at the departure of James Tyler Kent, A. M., M. D., on June 5th last in his orchard home in Montana.

J. N. Majumdar, M. D.,^{*} presided. Kent's picture was hung up in a prominent position and was nicely decorated.

The proceedings began with a Bengalee song composed for the occasion and sung with the accompaniment of music.

The president then called upon the speakers of the evening to address the meeting.

Brother A. M. Biswas spoke with deep pathos explaining the propriety of holding the meeting at the

Refuge on the ground that Dr. Kent was a great benefactor of suffering humanity.

Dr. K. N. Banerjee read a short paper on the life-work of Kent and with an apt poetical quotation feelingly wound up by saying that the great man lived in his works and that we could feel his power and personality, although we could not see him. We have great pleasure in publishing the article below.

Babu Bejoy Chandra Sinha, the great patron of Homeopathy in Calcutta, expressed his sorrow in a few well-chosen words.

Drs. Baridbaran Mukerjee, H. Ray, G. Dirghangi, K. K. Ray, L. M. Pal and others also spoke feelingly. Dr. Jagat Chandra Ray also graced the meeting by his presence.

The following resolutions were carried unanimously, the whole assembly standing under orders from the Chair :

1. That this meeting records its sense of deep sorrow at the departure of James Tyler Kent, A. M., M. D., and the irreparable loss the Homeopathic science and profession have sustained thereby.

2. That a letter of condolence expressing the sense of this meeting be sent to Mrs. Kent in America signed by the President.

The President then summarising gave an excellent address speaking in feeling terms of his great appreciation of Kent as a master-mind, with whom he had been well acquainted, and of his sense of personal loss at his departure.

The National anthem was then sung in chorus with the accompaniment of music after which the meeting dispersed.

IN MEMORY OF THE LATE JAMES TYLER

KENT, A. M., M. D.

GENTLEMEN,

We are assembled here to-night to do honour to a truly great man who has departed this life about a couple of months now. James Tyler Kent, A. M., M. D., passed into the other world on June 5th last in his orchard home in Montana and when this terrible news came from respected Mrs. Kent it really stunned me for a moment, for I need hardly tell you, gentlemen, what a severe shock it has been to one in my position who owes everything to the departed great man.

Although I had not the privilege to sit at his feet in the regular way, I had always claimed to be a humble but devoted pupil of his, and he, too, was kind enough to acknowledge the relation.

His letters had always been a source of inspiration to me and I value them above everything else.

I had the pleasure of hearing from him in July, 1915, when he spoke of his failing health and of his desire to retire to his orchard home in the mountains and alas within about a year's time from the date of this letter, which was unfortunately to be his last to his poor pupil, he has gone to his rest and to his reward.

In vain did I pray for his speedy recovery, for that was not to be. His reward awaited him in heaven for he had fulfilled his mission and like other great men has left nothing unfinished.

To my mind, gentlemen, he was the greatest man born after Hahnemann as a teacher,* author and prescriber, for who since the days of the Master has inculcated the doctrines in the way he has done, bringing out the idea of government from the centre so clearly and forcefully that even the methods have been simplified thereby ?

The patient is now better known and understood and there is no longer the danger of mistaking the part for the whole as in times when "location" ruled the day.

The doctrines were clear enough to the founder of Homeopathy but to make them comprehensible, to fix them on a scientific working basis, the fundamental principles had to be laid bare and for this purpose nothing short of a gigantic intellect like that possessed by the late Dr. Kent was required. By fulfilling this mission he has laid students of pure Homeopathy under a deep debt of obligation, while he has saved the latter from degenerating into something not easily distinguishable from Allopathy.

Nay by his genius order has come out of chaos and Homeopathy appears in a garb superb and beautiful such as its own father would have liked.

Yet with humility worthy of one who was truly great, Kent always used to say that he was simply faithful to what had been handed down or in other

words it was only a revival of the old doctrines and nothing more.

One, however, conversant with his invaluable works will at once feel the truth of my assertions and will moreover say that he "builded better than he knew."

His *Lectures on Homeopathic Philosophy* has really brought out the hidden gems in the Organon of which it is the best exposition now extant. But for this book Hahnemann would have been misunderstood.

His "Lectures on the Homeopathic Materia Medica" is unique in its usefulness in helping the student to understand the true nature and genius of each remedy of which he gives an image quite like an artist dealing from generals to particulars or from centre to circumference as it were. It has been truly said of this book that "it clothes the dry bones of the Materia Medica with flesh and they live."

Lastly his Repertory in which the same plan of generals to particulars has been adopted is a masterly production of its kind. In the place of a mechanical an artistic method is aimed at by which alone the patient can be brought out. It is a strong feature of Kent's writings that every-where one is constantly reminded of the real sick individual because the idea of the patient is the most fundamental in the Organon. It is a grand book quite indispensable to the physician if successful prescribing is to be attained and maintained.

As a prescriber he had no equal. His clinical cases in the pages of the Homeopathician give abundant proofs of his extraordinary skill as a healing artist and shew how beautiful a true Homeopathic cure is.

A true follower of Hahnemann in every sense he was able, even like the Master, to abort acute diseases, such as Typhoid, Remittent fever, Pneumonia, Scarletina &c., thus proving the superiority of Homeopathy to other systems of medicine.

He successfully tackled the vexed question of potency and after 30 years' conscientious practice arrived at the conclusion that "the attenuation must be similar to the plane of perversion—the disorder in the economy." His article on this subject entitled "Series in Degrees" is a masterpiece and well worthy of careful study.

He proved and reproved several remedies all in the Hahnemannian way using the high potencies in order to get the finer shades of symptoms and thus enriched the Homeopathic Materia Medica.

In short he was a master in whatever he undertook and the debt to him alike of the student and the profession at the present moment is too heavy indeed.

After 44 years' hard and conscientious work as a physician, teacher and author, this master-mind has now gone to his well-earned reward and although we deeply mourn his loss, we are not without hope or courage, for works as his abide for ever—nay he lives in his works, a great man that he was, and we can

feel his power and personality although we cannot see him.

Well may we then say in the sublime lines of the poet :—

“Not in annihilation lost, nor given
To darkness art thou fled from us and light,
O strong and sentient spirit ; no mere heaven
Of ancient joys, no silence eremite
Received thee ; but the omnipresent thought
Of which thou wast a part and earthly hour,
Took back its gift. Into that splendour caught
Thou hast not lost thy special brightness. Power
Remains with thee and the old genial force
Unseen for blinding light ; not darkly lurks ;
As when a sacred river in its course
Dives into ocean, there its strength abides
Not less because with vastness wed and works
Unnoticed in the grandeur of the tides”.

DR. K.N. BANERJEE.

1ST AUGUST, 1916.

The President then addressed the meeting as follows :—

Gentlemen,

It was very kind of you to have asked me to preside at this afternoon's meeting, but I wish you had chosen a worthier man than myself to preside at a meeting that is held to express sorrow at the death of so great a man as James Tyler Kent. My only excuse

or justification in being your president to-day is that I had a personal acquaintance with that master mind.

Gentlemen, I think I can justly say that with Dr. Kent passes away the last of the great thinkers and philosophers of the Homeopathic school. A fortnight ago when I received a post card from Mrs. Kent informing me of the demise of Dr. Kent, I thought of the many pleasant years that I had spent in that distant land, where it had been my good fortune to have been associated with the great work of such followers of Hahnemann as H. C. Allen, Tomhagen and Kent. As I have just now said, with Kent passes away the last of the galaxy of Homeopathic philosophers, the worthy disciples of Hahnemann, such as Constantine Hering, Carrol Dunham, P. P. Wells, Timothy Allen, Fincke and H. C. Allen. We are here to-night, gentlemen, to express our sorrow at the death of a man whose loss is irreparable to the Homeopathic world. Dr. Kent's lectures on the Homeopathic philosophy, his colossal work on the Homeopathic repertory, his masterly writings in his *Materia Medica*, are all too well known to you to be elaborated here by me. The memory of this great and good man is enshrined in the work he accomplished on earth, as well as in the hearts of all who came within his personal acquaintance, or even knew him by correspondence.

Although our time is short, I cannot help but quote a few lines from some of his writings. Writing in the study of Homeopathics, he once said :

"The condition of medicine leading up to the new

system nearly a century ago could scarcely be written or spoken of forcibly enough to impress the mind with the gravity of the situation, or to portray the injury to the human race. At that time medicine was in a state of chaos. Hardly can it be said that there was any good in it, and, as to its history, it was entirely traditional. It was composed of powerful and drastic measures, and its only claim to respect was that its measures were sure to kill speedily or to cure lingeringly. These measures were bleeding, cupping, leeching, vomiting, cathartics, sordorifics, soporifics, etc.

To what extent has medicine advanced? Have the numerous fads and fancies furnished the world with a better system of old medicine than then existed? Is the deadly administration of concentrated compounds, alkaloids and resinoids a better and safer system? Then, drugs in massive doses were hurled through, but now they are administered in such a form that they are diffused throughout the body, depressing the vital energy and ultimating disease forms. Then they used coarse form of crude drugs and now they use the dangerous concentrated forms of deadly drugs, and as much now as then without law or principle. Then the physician compounded his own medicines, now the chemist and pharmacist prepare the nostrums, and inform the learned doctor in regard to the fullest particulars and uses in order that he may be prepared to administer these potent concentrates to the dying sick.

How different is this from the remedies used by

the New School. Remedies once proved and verified stand as a fixture, under the same specific indications, so long as man dwells upon the earth and needs aid for sickness. The remedies discovered by Hahnemann will stand the test of experience for ages to come as they have grown stronger by use since their discovery."

~~— Then~~ again in his *Materia Medica* in the preface, we find him saying—

A complete digest would be endless. If some of the younger practitioners and students of the *materia medica* shall meet the assistance in this work they have been looking for, it is all that can be expected. There is no royal road to a perfect understanding of the *Materia Medica*. It is tedious and drudgery at best, but no more so than any great science. Because of its greatness, many will fail to undertake it even when it is for the saving of life and lessening of suffering, yet many will not decline to offer their services to the people knowing full well and confessing openly that the methods they offer are inadequate, useless and often destructive. Some profess not to believe in this careful way of analysing the symptomatology, but if some easy method is offered for a pretended mastery of it, they wildly embrace it only to return to their primitive repulsive mental aversion crying out "sour grapes."

The *Materia Medica* can be learned by careful study and by using it. It can be understood but not memorized. All who would memorize the *Materia Medica* must ignominiously fall. To be

constantly at hand, it must be constantly and correctly used. The continuous study of *Materia Medica* by the aid of a full repertory for comparison is the only means of continuing in a good working knowledge. To learn the *Materia Medica* one must master Hahnemann's *Organon* after which the symptomatology and the *Organon* go "hand in hand." The *Organon*, the symptomatology and a full repertory must be the constant reference books, if careful homeopathic prescribing is to be attained and maintained.

All who wish to make a more extensive examination of the reasons for the methods used in the work are referred to the chapter on *value of symptoms* in the lectures on *Homeopathic Philosophy*.

So that we see that his life was devoted to infuse the spirit of Homeopathy within the minds of the younger generations and that also in a way that few people can aspire to do. I think the followers of Kent are many, but I am afraid few have been able to assimilate the true spirit of Hahnemann's teachings in a way that Kent did.

Now gentlemen, I quote a few words in conclusion from the writings of Dr. Margaret M. Tyler, one of the true followers of Kent; one who is doing much to keep Homeopathy alive in London, I may say in conservative England: "And above all, be good stewards of the gift that was given to you, and be ready to impart. Each one of us working by himself and for himself, has only a limited life-work, a limited

fund of hours and energy and then comes "the whisper out of the darkness that says, the end is forbidden, that says Thy use is fulfilled" and then silence. But think how enormously we can multiply our life-work, our influence, the sphere of our energies and usefulness, by helping and inspiring others. What an enormous mass of work may at the last be laid to our account. Think of the work that Dr. Kent is doing in the world to-day, through his scholars, through the men that he has inspired and taught—and the men that they, in their turn, have taught and are teaching. Believe it, there is no greatness in the world, except through service. He that would be great among you, let him serve, help, teach, strengthen, hearten, inspire, freely ye have received, freely give—and of the best that is in you.

Such were the teachings of men like Kent.

Clinical Records.

P. C. MAJUMDAR, M. D.

I.

Mrs. S.—Suffered long from dyspepsia. Pinching and cutting pain in stomach, much flatulence and constipation. Some burning sensation in the stomach when it is empty, better by taking food. She was very irritable and self-willed.

25th January, 1916. Anacardium 30, morning and evening for four days. Much better, no medicine and she was perfectly cured.

II.

Babu M. Sarkar.—Suffered from renal colic for a long time. Came to me at the end of January, 1916, with terrible pain and suppression or rather retention of urine. Suffering was extreme. *Cantharis* 30 was given but to no effect. One dose of it in cm potency was administered and there was profuse urine and temporary relief. Urine was analysed and oxalate of lime was seen in abundance. A week passed; no stoppage of urine but pain was unbearable. *Acid oxalic* 30, every hour, gave him relief after two doses. *Oxalic acid* 30 was given twice a week and it cured him. He had no more fits for the last six months.

III.

A young lady at Bhawnipur.—Very fat and of plethoric constitution, with acidity and troublesome dyspeptic symptoms. Had leucorrhœa in place of menses, discharge thin, watery and milky. Rheumatic pains in both the legs, feet slightly œdematous from loss of blood or anemia. Often got hysteric fits. Mind changeable, sometimes laughing and the next time crying.

✓ Tongue dry but no thirst. Often diarrhœa with tympanitic distention of abdomen. No appetite. Always feels languid and sleepy. Had no children born.

Nux mosch 30, one dose, every morning on empty stomach. Improved in every respect since a week.

After that had slight fits of hysteria. Stomach better and appetite returned to a great extent.

Placebo, one powder every morning. Menses appeared after a fortnight but scanty and painful.

Nux Mosc. 200, one dose. She improved steadily and got cured after two more doses of Nux mosc. at the interval of a month.

IV.

An elderly gentleman.—Had diarrhoea and dyspeptic symptoms for a long time and he became emaciated and bloodless. Any food, however light it may be, caused acidity, flatulence and sometimes vomiting. Four or five loose, yellow pasty stools in twenty four hours. Had to hurry, passing of urine even caused an involuntary evacuation. Had an abornal appetite for many things which if allowed to take produced harm. On the 10th of March, 1916, one dose of *Alumina* 200 was given. Stools less frequent and rather hard.

No medicine for one week ; progressing favorably. I forgot to mention that he had œdema of both the feet.

The stools were less and the œdema reduced. Within a month he was all right. Natural stools, gained blood and flesh, œdema disappeared and could digest his food better. But indiscretion in eating brought on a relapsed diarrhoea which was controlled by a few doses of *Natrum Sulph* 30.

V.

Mr. H.'s son.—Aged about 3 years, had an attack of

fever and cough on the 10th of March, 1916. Fever went on increasing day by day notwithstanding my attention and care. Belladonna and Bryonia were given to no very good effect. Fever rose to 105 and reduced to 103 F in the morning. The child was restless, crying and moaning.

Sulphur 200 one dose in the morning of the 13th and next day. Copious measles-like eruptions made their appearance.

Restlessness, burning of the body and unquenchable thirst disappeared. Placebo three doses a day. Cough very troublesome and bowels confined. Bryonia cm one dose at night.

Much better, cough less troublesome and the child slept well at night. No more medicine and the child was cured.

VI.

An elderly gentleman—Had carbuncle on his back about the size of an inch in circumference. Very great burning. Fever rose from 103 F in the afternoon to 101 F in the morning.

Much restlessness and thirst during fever. Urine had been analysed and found to contain about 7 grains of sugar and a trace of albumen. No caste and any other abnormal ingredients.

Urinate frequently and rather a big quantity, not much thirst when fever was less.

In one place in the carbuncular mass about the size of a rupee, suppuration took place and thin sanious

watery fluid oozed out. There was a red and œdematous area all round.

Good appetite and bowels moved regularly. *Anthracinum* 30, one drop, three times a day. Better next morning, red areola and burning in carbuncle very much less. Placebo thrice. Temperature only 100 the next day and no rise in the afternoon. The gangrenous mass is clearing. Placebo in the same way.

Complained of burning again and the right side of the carbuncle a little more swollen. *Anthracinum* 30, two doses again.

Swelling subsided and ulcers became healthy. *Calendula* applications and the sore healed up.

ECZEMA.

Eczema is an inveterate skin disease. It requires a good deal of patience and perseverance on the part of the physician as well as of the patients to cure it. Without this no cure is possible. Especially when this skin disease assumes a chronic form, it is very hard to manage.

External applications are always harmful. In this way we only drive the disease in and it is generally followed by some other inveterate disease in some other part of the body.

A few medicines are required and are sufficient for a cure ; but proper selection should be made with care and attention. Some of the leading remedies are noted down here with indications for their use.

Rhus tox is used in acute form of the disease. When the eruptions are *vesicular*, with yellow vesicles, there is inflammation of the surrounding skin, burning, itching and stinging pains. Thin watery fluid oozes out after scratching. Sometimes attended with fever. Aggravation at night, from bathing and cold, in rainy weather and during rest. •

Amelioration from warmth, wrapping up the part and from warm or hot things.

We have been able to cure numbers of cases with this remedy.

Croton tig is also a good remedy in acute form of the disease. Eruptions produced by rubbing croton oil are very well known to all.

Intense itching of the affected parts, but they are so tender as one is unable to scratch them. Vesicular and pustular eruptions on the genitals. Itching ameliorated by gentle rubbing. Eczema over the whole body.

Aggravation in summer.

Petroleum has wide range of action on the skin ; slight injury suppurates. Skin of hands rough, cracked and tips of fingers and toes also.

Herpes of genital organs extending to perenium and thigh. Great itching, skin red, dry or moist. The eruptions and cracking increase every winter, better in summer.

This remedy is very useful in chronic cases. I have been able to cure many inveterate cases of eczema and herpes with this medicine. Both low and high potencies are required.

Graphites. Eczema with profuse serous exudation, thin and sticky, honey-like secretion, yellowish. Those who are inclined to be abusive and have habitual constipation.

We have been able to cure many cases of obstinate eczema with graphites. The skin is bluish black, much itching, especially when heated. Sometimes lower, but oftener the higher potencies are the best.

Hepar sulphur. The skin is inclined to assume the form of an ulcer or tendency to have it. Pustulous form of eczema. Discharge is profuse and yellow. Very sensitive to touch. The patients are extremely sensitive to cold, especially those who have mercurial or syphilitic taint.

Mercc. sol. Itching intolerable, worse at night and by the warmth of bed. Eczema assumes an ulcerous form. Pus bloody and purulent. In all parts of the body. Eczema from syphilitic taint.

Petroleum is a very useful remedy. We have cured many chronic cases with this medicine. Eczema worse in cold weather, in winter, and better in summer. It is very similar to Psorinum in this respect. Dry, scaly or moist with thin ichorous discharge.

Rhustox is a very important medicine for eczema. Eruptions are erythematous and vesicular in character. Thin, watery or sanious and offensive secretion. Acute cases, sometimes with feverish symptoms. Itching worse by warmth, better by motion and rubbing. We have been able to cure almost half our cases of

this disease with Rhustox alone. But they are always recent cases.

Those who work in water, such as washermen and boatmen, are often benefited.

Sepia is often useful in eczema, especially to those who are subject to uterine and pelvic diseases. Eruptions assume a tettery form.

Sulphur is a grand remedy in all skin affections. Itching is intolerable, especially at night and by warmth. Secretion is scanty and bloody.

Tuberculinum. Those who have tubercular diathesis, greenish or yellowish pus ; changing of symptoms often. Itching worse at night, more when undressing.

External applications are always injurious. It is always a constitutional malady ; so if you apply any medicine and thereby suppress the eruptions, you drive the disease inside the body and some internal and important organs are affected, causing great mischief to the patient. Thus Dr. Allen wrote about it in his valuable work on skin disease with the following remarks : "No man can tell how many of these little children are saved by the disease coming on to the surface, preserving the vital organs, especially the brain, from the ravages of this destructive miasm ; therefore all ointments &c. are to be discarded *in toto*."

Diet should be simple and easily digestible. Fish and meat, not congenial foods for this disease. Bathing in cold water is good. Rubbing oil is often beneficial.

P. C. M.

STATE MEDICAL FACULTY AND HOMEOPATHS.

We have to announce that Dr. J. N. Majumdar, one of the editors of this paper, has passed the licentiate examination of the State Medical Faculty. As homeopaths have not been recognized by the Bengal Medical Act, it was necessary for Dr. Majumdar to pass this examination, for unregistered practitioners are precluded from granting even health and death certificates. It is a matter of great regret that American Diplomas also have not been recognized by the State Medical Faculty.

THE EARLY HISTORY OF MALARIA*

From the Pharmacological Department of the Evans
Memorial, Massachusetts Homeopathic
Hospital, Boston.

BY CONRAD WESSELHOEFT, 2ND, M. D., BOSTON.

It may seem out of place to enter upon the historical side of this subject, but as we expect to investigate our topic from many different points of view it is only fitting that we should begin with an historical foundation. Moreover, by studying the original sources and the development of our present knowledge, and by comparing what our predecessors knew and believed with what we to-day consider to be facts, we gain a better appreciation of the basis upon which our modern therapeutics rests.

* Reprinted from the New Orleans Medical and Surgical Journal.

When and where malaria first made its appearance is a matter of conjecture. The chances are that man has suffered with this disease from prehistoric times. Some construe the myth of Hercules and the Hydra to indicate the reclamation of marshes which were uninhabitable on account of malaria. The story of Apollo and the Python has also been interpreted to indicate a conquest of this dreaded disease. Others see references to malaria in the Iliad in the Orphic poems, and in the fifth book of Moses or Deuteronomy. These speculations are very farfetched. I find nothing in Deuteronomy which suggests intermittent fever, and so far as the Iliad is concerned, the word — meaning “fever” or “heat,” occurs but once, and there is nothing in the line to suggest malaria except the time of year. Aristophanes, however, uses the same word in a passage which might be construed to refer to the disease in question.

Groff maintains that the ancient Egyptians suffered from malaria, as indicated by the annual recurrence of a fever which is mentioned in the inscriptions on the ruins of the temple at Denderah.

This brings us to Hippocrates, who is invariably given the credit of having been the first to describe malaria and to distinguish the different forms. In his “Epidemics,” this ancient medical writer and teacher differentiates a continuous from an intermittent fever and subdivides the intermittents. He says: “Fevers are,—the continual, some of which hold during the day and have a remission at night, and others hold

during the night and have a remission during the day; semitertians, tertians, quartans, quintans, septans, nonans." Among the fourteen cases of fever which he describes, none is in any way a typical case of malaria. In his Aphorisms, however, he shows his familiarity with intermittents. Here he speaks of periodical paroxysms coming at the same hour, although a paroxysm is not defined by him as a chill and fever, but merely as a fever.

In the tract on The Nature of Man, written either by Hippocrates or by Polybus, his son-in-law and pupil, there is another pertinent passage concerning fevers: "Omitting those arising with evident pain, there are four types, the names of which are: continued fever, quotidian fever, tertian fever, and quartan fever." This fact is frequently quoted by writers on malaria as the work of Hippocrates, because Galen ascribes it to him. Aristotle, however, seems to have thought that it was written by Polybus.

From all this it would appear that malaria existed in the time of Hippocrates (about 450—350 B. C.), since tertian and quartan fevers are in all probability of a malarial nature. But we are not justified in asserting (as is too often assumed) that Hippocrates differentiates malaria from other forms of intermittent fevers. What Hippocrates did was to distinguish intermittent from continuous fevers, and to subdivide these intermittents according to the number of days between the paroxysms, giving us a nomenclature which still remains in use. Therefore, for all practical purposes,

we may say that the history of malaria begins with the Hippocratic writings, which in themselves imply a long tradition.

Jones informs us that he finds clear references to malaria in the writings of Sophocles, Aristophanes, Plato, Aristotle, Demosthenes, and the inscriptions, but he maintains that the disease did not become endemic in Attica until the close of the fifth century B. C. It is interesting to note that Hesiod, the Bœotian poet, did not mention fever as one of the farmer's plagues, although, as Jones suggests, he would probably have done so had malaria existed. Bœotia is to-day a notoriously malarial region. According to Puschmann, Erasistratos, who was born about 330 B. C., mentions fevers associated with inflammation of the liver and the "useless spleen." Plutarch, a native of Bœotia, who lived between 45 and 125 A. D., remarked that the poor country-folk constantly fell ill during their exertions at harvest time, and that fever was one of their great dangers; he even used the term—which later denoted a pernicious type of intermittent fever.

Celli gives us the most complete history malaria in Italy. According to this author, the disease raged among the earliest inhabitants of Latium. These people took the first steps in sanitary engineering along the lines of preventive medicine. Recognizing that the stagnant waters of the Campagna were a cause of ill health, they made a network of drains, which have been discovered by recent archæologists. This remarkable drainage system permitted numerous

settlements in this territory to grow up and flourish. Nevertheless, the goddess "Febris" continued to be honored in the land, and this implies that fevers were prevalent. Cicero refers to the tradition that Romulus founded his city on a healthy spot in a pestilent neighbourhood. The Cloaca Maxima, which was built in the early days of Rome, must have done much to diminish the breeding places of mosquitoes. Livy remarks that the Roman soldiers, after the siege of Capua, declared that they never wanted to go back to the pestilent and barren country about that city ("*in pestilenti atque arido circa urbem loco*"). Among the many Latin writers who mention unhealthy localities, bad airs, autumnal fevers, and swollen spleens, none give us a clearer indication of the existence of typical malaria than Horace. He was every much afraid of it himself, especially in travelling, and alludes to the deadly semitertian, that is, probably, to what is now called pernicious or æstivo-autumnal. He speaks of the foolishness of attempting to hold out against a fit of trembling at dinner, as to do so would only lead to a disaster. We cannot mistake this reference to the sudden onset of a malarial chill coming, so to speak, out of a clear sky. Celsus enters at length into the discussion of fever, and recognizes the semitertian. Celli cites no less than seventeen writers from Cato to Palladius who make references which indicate the existence of the disease throughout the rise and decline of the Roman Empire. Varro, Columella, Palladius, and Vitruvius suggested that

the minute animals seen in the stagnant water of swamps, together with the emanations from the marshes, were the causes of intermittent fevers.

Jones has taken up the influence of malaria upon Greek and Roman history, especially in regard to the prolonged effects of the disease on national prosperity and national character. He maintains that malaria was comparatively rare during the rise of Athens and Rome, and that it increased during the decline in both cases. Moreover, he goes on to say :

"The change in the Greek character was just that which we should expect malaria to produce in a highly sensitive and cultivated people, while the savage brutality of the later Romans may be due to the same cause. The peculiar effects of a disease on national morality will certainly vary with the prominent national characteristics. The more effeminate Greek grew weak and inefficient ; the stern Roman became viciously cruel. But it must always be carefully remembered that other factors, physical and psychological contributed to the change in both cases. But malaria gave rise to physical conditions which afforded an excellent opportunity for other influences to produce their full effect."

This degrading influence of malaria on moral character is mentioned by North in his "Roman Fever." Just how much bearing it had on the fall of these two cities is difficult to determine. Whether the disease increased because of the conditions associated with the decline or vice versa must be considered. * Certainly the Greeks were sufficiently effeminate, and the Romans sufficiently cruel, before their decline began. The luxury and leisure simply gave opportunity for a greater display of these national characteristics. Luxury and idleness tend to bring out the

bad traits of any people, but a given toxic substance usually acts in a general direction, the exceptions usually exhibiting the opposite or no effects. That malaria does affect the mentality of the patient is not to be questioned, but the prolonged effect is to make the patient indifferent and melancholy rather than to accentuate the predominant character of the individual. However, this might lead to moral degradation, just as the hook-worm disease has brought this about among its victims in the South.

The early Hindu medical writers, Charaka and Susruta, were dominated by the Brahman religion. They recognized three types of intermittents. The quotidian was a disease of the meat, the tertian of the fat, and the quartan of the bones. In an extract from the Sanskrit Susruta, written at least thirteen centuries ago, and translated by Sir Henry Blake, there is a brief enumeration of some of the prominent symptoms of malaria. These symptoms are ascribed to the bites of no less than "twelve different kinds of terrific mosquitoes, with equally terrifying Hindu names..... Their bite is as painful as that of serpents and causes diseases resulting from the three humors joined together (wind, bile, phlegm)"; "the bite, as if burnt with caustic or fire, is red, yellow, white, and pink in color, accompanied by fever, pain of the limbs, hair standing on end, pain, vomiting, diarrhoea, thirst, heat, giddiness, yawning, shivering, hiccup, burning sensation, intense cold, etc." The editor who quotes this extract in the *Journal of the A. M. A.* makes

the appropriate remark that this "approaches some of the early Greek records of disease in fidelity to fact."

The Arab physician Rhazes (932 A. D.) mentioned intermittent fever, but, as with Galen, his writings on the subject show that he was influenced by the Hippocratic works, nor did he offer anything new. He was also familiar with the works of Charaka and Susruta.

The Chinese of about this period also mention intermittent fever. According to their school, there was a specific drug for each disease, and among the many mineral and vegetable drugs employed by them, arsenic was chosen as the specific for these cases.

Throughout the Middle Ages we find little mention of intermittent fevers except what was borrowed from the ancients, although Celli cites evidence to show that the disease continued to ravage in the Campagna with varying intensity. Paracelsus, who lived in Germany between 1490 and 1591, appears to have had experience with malaria in his practice, and advocates the most grotesque and unique treatment with magic. Mercatus (Luiz de Mercado), who flourished during the last half of the 16th century as Court physician to Philip II and Philip III of Spain, wrote on the subject of intermittent fevers in terms of the humoral vagaries of his time.

In 1624 Adrian Spigelius of Brussels published an extensive treatise on "Semitertiania". It is

the first long work on intermittent fever, comprising four books in all. In the first, he deals with the history from Hippocrates, Celsus, and Galen down to his own time, and then enters into a discussion of the causes. The second book takes up the diagnostics and prognostics, with records of several of his own cases, while the third and fourth are devoted to the treatment. In the elaborate work of this Belgian physician and scholar, who held the position of Professor of Anatomy at Padua, we see a complete reflection of the highest type of medicine in his day. Dominated by the writings of the ancients, and permeated with the extravagant notions regarding the humoral causes of disease, we find him relying on the words of the Greeks and Romans, and to all practical purposes offering nothing new either in the nature or treatment of intermittents. He discusses his own cases without exhibiting any originality, although he does give a clearer picture of a typical malarial paroxysm than any of the earlier medical writers. From him we learn that the disease occurred in Germany as well as in Italy.

Shortly after the death of Spigelius (1625) came the introduction of the cinchona bark into Europe (1632), and with it we have a reawakening of interest in intermittent fever. Here begins a new period in the history of malaria, but before entering into this new development, let us look back at the treatment which was in use up to this time.

Hippocrates in his Aphorisms tells us, "We

should purge upward in 'summer and downward in winter" (IV, 4)—from which we may assume that his intermittents were given hellebore,—“and that we must retrench during paroxysms, for to exhibit food would be injurious. And in all diseases having periodical paroxysms, we must restrict during paroxysms” (I, 11). Plutarch, although not a physician, shows clearly that the Hippocratic directions continued to be followed. Malaria was undoubtedly prevalent in his time, and many of the digestive disturbances of his contemporaries may have been due to manifestations of this disease. In his “Rules for the Care of the Health,” we find the following: “Emetics and purges are bad. Dieting is the proper remedy for indigestion. If something must be done, vomiting is the less evil, but violent drugs must be avoided. Drinking water or fasting for a few days may be tried, or even an injection. Most people take refuge at once in strong purgatives, and suffer for it.”

The Romans give us much more explicit directions for treating fevers. They follow Hippocrates to a certain extent in his expectant method during the height of the paroxysm. Celsus recommended blood-letting, while Galen, following Celsus in this regard, also mentions scarification, cupping, purgations, and emetics. The basis of Galen's pathology and diagnosis is the proposition that there is no functional disturbance without organic disturbance. The basis of his treatment is the use of contraries or alloëopathy. Consequently, to rid the patient of the fever which

raged in the veins and vitals, he attempted to cause the patient to throw it off with emetics and purgatives ; and to aid in this, he employed scarification, cupping, and venae-section. We find him recommending this last measure especially in those high fevers that occur in the spring and fall.

Just what treatment was used through the Middle Ages is uncertain. The clergy, the quacks, and the old women did more prescribing than they do to-day. There were seats of medical learning where the works of the ancients were used as text-books, but the profession was not overworked with holders of medical diplomas. Intermittent fevers were said to be due to some disturbance in the proportion of humors, yellow and black bile, phlegm and blood, which had to be rid from the system by the many drastic measures alluded to above. Mercury was the usual purge, as it is now in this disease. In those dark ages it was given to cast off vague humours ; in these enlightened days it is also given "to get rid of the bile" or some equally vague injurious substances which are thought to complicate malaria. But we shall come to the subject of mercury later.

Paracelsus was the first to get away from all these humoral vagaries by substituting methods of spiriting away disease. Influenced by the pharmaceutical chemistry of Valentine, he also broke away from Galenic tradition by introducing the study of pharmaceuticals into medicine. His treatment is as follows :—
"If the patient, suffering with a quotidian, tertian, or

quartan fever, starts to have a paroxysm, put him to bed, cover him up warm, and fill both his hands full of rye. The patient is then to hold the rye in his hands until it gets wet with sweat and until the fever is all gone, after which it is to be taken away and buried under the fence near a grain field." We assume that if any of the rye was lost from the hands during the rigor, the doctor was not responsible should a cure not be effected. Anyway the patient must have had his mind taken from his symptoms to a certain extent, which is the basis of "Christian Science" and the "Emmanuel Movement."

Various charms, such as a blessed amulet, a starved spider, chips of the gallows, &c, were employed by the laity during the sixteenth century to ward off or cure ague. Physicians of rank and learning were by no means loath to employ these measures, as Galen was wont to recommend the wearing of amulets under certain conditions. In this the Galenic doctrines differed from the more rational therapeutics of Hippocrates, who placed dietetics foremost, drugs next, and excluded the supernatural and priestly element from his theory and practice.

Spigelius goes into the treatment in a very thorough manner, covering all the methods advised by the ancients and including a host of the prescriptions used in his own time. He dwells on blood-letting, purgation, and emetics. "The last" he says, "are valuable in benign cases, but should be avoided in the malignant forms." The *Pulvis Comitidis de Harwick* and

other preparations of antimony were evidently favorites for internal medication. He also gives indications for the use of clysters, fomentations, and numerous cerates.

To sum up, we may say that, previous to the introduction of cinchona, patients suffering from malaria were subjected to drastic measures of treatment, which, with our present knowledge of this disease, appear to have been anything but helpful. Lucky was the sufferer from intermittent fever who fell into the hands of Paracelsus and his followers, under whose magic, nature was allowed to work unhampered by the crude dosing, bleeding etc, employed by the learned followers of the ancients, and the advocates of humoral pathology.

(*To be continued.*)

—*The New England Medical Gazette.*

THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

—HAHNEMANN.

VOL. XXV.]

SEPTEMBER, 1916.

[No. 9.

TRUE HOMEOPATHY.

It requires a very strong man to be a good and true homeopath. Many people think that if Hahnemann had not been so vehement in his opposition to the principles of the dominant school, we would have a better position in society and people would be more tolerant with us. In England and in India, the homeopath has no place in medical societies and fraternities ; he is looked upon as a quack and his methods are made the butt of many a joke. But then there is the other side of the question. In practice, if you have been a conscientious homeopath and have some experience, you find large numbers of people flocking to your door, eager to get your advice and your medicines. You are yourselves astonished at the wonderful lot of good that you can do to humanity. You are able to save many a patient from the cruel

knife of the surgeon, you can save many a man from the pernicious effects of morphine and such stuff and thus save many souls from becoming debased morphia habituæ, you cure many a case of sepsis with ease, diphtheria requires no antitoxin, you do not have to run for injections and inoculations and vaccination for every mortal ill. In fact life becomes far more comfortable and happy. But there is the other side of the question again. You cannot realise heavy fees, you have not the glittering armamentaria to fascinate the public mind, you cannot make "much ado about nothing", in fact medical science loses much of its grandeur, although it is true, it retains the true scientific aspect about it. I remember some fifteen to twenty years ago, having quarrelled with our late illustrious colleague Dr. Mohendra Lal Sircar, because he was very vehement in denouncing the other school people. He told me at the time, that I would think differently when I had had the experience he had gained during forty years of his practice. I have not been so long in the profession, [but I am already changing my mind. I begin to realise why all our greatest philosophers and thinkers have been so strongly opposed to the dominant school, for verily it has been said "If our school ever gives up the strict inductive method of Hahnemann, we are lost and deserve only to be mentioned as a caricature in the history of medicine."—Constantine Hering. We stand aghast when we look at our journals and periodicals, to find how much of unprincipled drugs and

methods have crept into our school. I have also to blush to have to state that our "good men and true" are fast disappearing giving place to empiricists who are doing away with our system in a most shameful way. I quote below a few lines from one of Dr. Fisher's papers "Neglected Values in Homeopathy" ;—

"Realising fully that it is in bad form to sharply criticise the non-believer or the non-doct in our profession, it is believed it is yet proper to analyse our weaknesses and attempt to ascertain, in so far as possible, why we are not better and truer homeopathic practitioners than we are. It may be held that it is not essential in the treating of the sick man that any particular system or 'pathy' or science or school should be followed. And in individual instances this position may seem to be quite sustained by results, the patient recovering by whatever processes had been employed, and this being, after all, the chief desire upon the part of the patient and physician alike.

Yet it must be conceded that this line of contention conveys the idea that only empiricism should guide us in our bedside work. For individualism in medicine in this sense is but empiricism, haphazard, happy-go-lucky, hit-or-miss work, pure and simple. In other words, if the individual practitioner relies always upon himself, no matter how excellent his successes, when he dies and leaves us, his work leaves nothing behind for the rest of us. He will have been, literally and actually, only an empiricist, or one who

has practised according to experience only, perhaps in great part his own experience at that.

And who may say that he is so great, wise, erudite and infallible that even in his own limited field of endeavour he has been able to do the best possible for all his cases, by following the dictates of his own conscience and employing such agencies as in his weak individual humanity, if it may be proper to coin the word, may have seemed to him to have been best? It would seem that no real science of medicine, no genuine art of application, can possibly be constructed upon such a narrow plane. Every brick that is moulded has its place in a great and grand building of which it is an apparently insignificant unit. Yet it is only when many bricks are welded together in a concrete attempt to build for all time that each unit is brought to serve its real and best purpose.

So with the physician. No doubt every man in the profession has had many very valuable individual experiences, not lightly to be considered nor flauntingly cast aside. Yet, when any considerable number of men and women come together in united effort toward a fixed purpose, it would seem as if there should be an harmonious desire to attain the same ends in the same manner, and that any such congregation of human beings can best attain the objects for which their separate organization has been created by following the plain paths outlined by the pioneers in such effort, at least until it has been satisfactorily proven that there are better and more direct paths

which may be followed to better advantage to the largest number of people submitted to their care.

Necessarily, in so inexact a science and so variable an art as medicine is certain to be, there will be more or less of empiricism always. This is hardly to be avoided, and courageous indeed is he who would have us believe he has found the only way in the healing art. Nevertheless, it must be too apparent to require elaborate elucidation that the more we can limit our empiric efforts the more surely shall we be able in the long run to do the best for all our people. In other words, the more earnestly we attempt to reduce our individual work to a prescribed and proven system of effort, the better will be our results.

Exceptions to the rule but go to prove the rule itself. There must be, in the very order of things, in widely distributed medical labor, a great variety of effort ; but the less haphazard this effort, the less we rely upon the broken reed of expediency, the farther away we keep from the bane of the practice of that which is convenient, temporizing, makeshift, and not in deed and in truth scientifically direct and accurate, the nearer shall we approach our full measure of capacity.

Paraphrasing the sustaining Hering, anything which trifles or temporizes with a human life in the face of danger becomes a crime. In recent years, in large railway hospital and medical service, where necessity associated me with considerable numbers of physicians of the dominant school, and in more recent

hospital experiences, where it has been my fortune to be favored with rather unusually direct opportunities for personal observation of other methods than our own, I have become more and more convinced that there is nothing in the expediency of accepted practices in the old school that homeopaths have real necessity of adopting. In all the severer diseases : pneumonia, typhoid fever, diphtheria, scarlet fever, erysipelas, gangrene and all the variations of sepsis, by so many considered only surgical but which is too often medical also, I have not been able to discover that the slightest real necessity has been shown for abandoning the directness of homeopathy, the simplicity of its methods, the less irritating effects of its remedies, the avoidance of after-headache, nausea, stupefaction and delirium of the common practices of intelligent and conscientious members of the dominant school. So strongly am I impressed in this direction that in almost daily conversation with able men of the other side in medicine I have become even more strongly convinced than ever that that which I consider their weakness in therapeutics is not as much the result of carelessness as I formerly thought, but is because they simply do not have as satisfactory an armamentarium as is possessed by ourselves."

J. N. M.

THE DISCOVERY OF THE CINCHONA BARK.

**From the Pharmacological Department of the Evans
Memorial, Boston.**

BY CONRAD WESSELHOEFT, 2ND M. D., BOSTON.

The first great epoch-making event in the history of malaria was the discovery of the medicinal value of cinchona bark, from which the alkaloid quinin is derived. This tree is indigenous to South America, where it grows in the moist soil along the slopes of the mountain ranges all the way from Columbia to Bolivia. The original bark came from the cinchona forests of the old Peruvian Empire, which, at the time of the Spanish invasion by Pizarro in 1527, extended from the river Ancasmayu north of Quito to the river Maule in the south of Chile. Thus the term "Peruvian Bark" refers rather to the ancient Empire of the Incas than to the present Republic of Peru. The discovery of the remedial virtues of this famous bark is so entangled with conflicting traditions and inconsistent evidence that I cannot refrain from a humble attempt to unravel the threads. The problem reduces itself to the question whether the natives of Peru taught the value of this remedy to the Spanish invaders, or whether the Jesuits who accompanied these ruthless conquerors found out its virtues for themselves.

The earliest record which we have concerning our subject is that contained in the *Anastasis Corticis Peruviae*, written by Sebastian Badus and published

in Genoa in 1663. The author of this work obtained his information from the manuscript letter of a certain Antonius Bollus, a Genoese merchant who had visited Peru and traded with the Indians.

Unfortunately the date of Bollus' manuscript is not given, but from it we learn that the bark had been known to the Indians of South America "for a long time," but that they had always tried to keep it a secret from the Spaniards. The secret, however, gradually leaked out, but became known to only a few Europeans. One of these was the Corregidor of Loxa. The bark, however, did not become generally known until it was used in the case of the Countess of Chincon, then vice-queen of Peru. This occurred, according to Bollus, "thirty to forty years" previous to his writing the manuscript, thus placing the date roughly between 1620 and 1630. The story of the cure of the countess as derived from this manuscript of Bollus is briefly as follows :—

It happened that in the city of Lima, which is the metropolis of the Peruvian kingdom, the wife of the vice-roy, who was at that time Count of Cinchon—(those are in error who say it was the Marquis of Mancera),—became ill of a tertian fever, a serious and dangerous illness in that region. The rumour of her illness, as is the case with distinguished persons, spread at once through the city and the neighborhood, and even got as far as Loxa. A Spaniard, then holding the governorship of that locality, heard of the illness of the countess, and wrote to the viceroy in

cypher that he, the governor, had a certain remedy, which if used would most certainly free the vice-queen of her fever. The viceroy told his wife of the message, and she at once consented (for we easily believe what we hope will benefit us). The governor was ordered to betake himself immediately to Lima. This he did, and, having been admitted to an audience, confirmed what he said in his letter, and bade the vice-queen be of good cheer and be confident of her recovery if she would but follow his advice. When these words were heard, they deliberated about taking the remedy, which she took, and wonderful to relate, got well quicker than can be told, to the surprise of everyone.

The next account of the bark occurs in an old manuscript found by Condamine in the College of Jesuits of Saint Paul at Lima, which appears to have been written in 1696 by one Don Diego Herrera. This asserts that the bark was known to the natives, and used by them as a remedy for intermittent fever.

Condamine, a French botanist, who travelled from Quito to Loxa in 1737, and who devoted much attention to cinchona, credits the natives with the earliest knowledge of the medicinal virtues of Peruvian bark. He learned that the Indians employed the bark in the form of a watery infusion, and he attributed the delay in the use of the remedy by the Spaniards to the hatred which he observed still existed among the natives.

Joseph de Jussieu, a physician, botanist and mathe-

matician, accompanied Condamine on the journey to Loxa. He seems to have been just as much interested in the question as his companion, and to have arrived at the same conclusion through somewhat different channels. He informs us that it is certain that the Indians about Malacotas were the first to learn the virtues and efficacy of the cinchona. Unfortunately his writings on the subject have never been published, so that our information is derived from references to him by his fellow travellers and from a quotation of his manuscript by Weddell. In this letter Jussieu tells the story of a Jesuit who, being seized with an intermittent fever in the vicinity of Malacotas, excited the compassion of an Indian chief, who restored the health of the sufferer by means of a decoction of cinchona bark. This remarkable cure caused the Jesuit to obtain from the Indians a large supply of the bark, which he brought with him back to his fatherland, where it came to be known as Jesuits' Powder. Markham, in referring to this episode, gives the date of the cure of the Jesuit as 1600.

Antoine de Ulloa was a member of the same expedition with Condamine and Jussieu. Ulloa, however, made no personal investigation into the cinchona bark, but derived his information chiefly from his travelling companion, Jussieu. The latter, he says, was delegated to make a special study of this remedy, a mission which he carried out in all its details, including an investigation into the discovery of its febrifuge powers. Accordingly, we should lay especial

stress on the opinion of Jussieu, who, as we have seen, came to the conclusion that the natives were familiar with the remedy and taught the method of employing it in intermittent fever to the Spaniards.

The next author to give us an account of the subject was Don Hipolito Ruiz, who travelled in Peru in 1778. From the result of his inquiries he arrived at the conclusion that the Indians about Loxa knew of the virtues of the bark and employed it in intermittent fevers many years before the Spaniards conquered the country. His version of the story of the cure of the countess is the most complete on record. The following is a literal translation of the Ruiz's Spanish found in his *Quinologia* which was published at Madrid in 1792 :

"During my stay in Peru I heard at different times from various interested and trustworthy persons who had a very reliable tradition, that in the year 1636 an Indian of the province of Loxa told the Corregidor, then suffering from intermittents, the virtue of quinaquina. He, desirous of recovering his health, asked the Indian for the said bark, and inquired from him the method of using it ; which was to make a watery infusion with a fixed arbitrary quantity and to drink of this infusion as the Indians generally do with all their vegetable medicines. Accordingly the Corregidor did as he was instructed, and by this means he became free of the fever, and by continuing the use of the medicine he finally attained the restoration of his health. The same persons assured me in like manner that in the year 1638 the Corregidor being informed of the fact that the vice-queen of Peru was suffering from a tertian fever, he wrote to the vice-king, Count of Chinchon, and sent him a portion of the said bark, informing him of its efficacy and admirable virtue, and the method of employing the same ; adding that it would almost certainly

cure his wife of the tertian. The viceroy, being of the opinion that there was nobody better than the Corregidor to administer the remedy summoned him to Lima, and ordered him to make some experiments with it in the hospitals with other patients suffering from tertians before proceeding to treat the vicountess. Accordingly, in the presence of doctors of the hospitals, the Corregidor carried out the viceroy's orders, and in a few days all the patients who took the remedy found themselves free of their fevers. With such manifest and auspicious proofs, the viceroy determined to give it to his consort, who, desirous of a recovery, did not refuse to partake of it. The result was that in a few days she was free of the fever, and had recovered her health which she had come to despair of during the last six months."

One who stands out prominently in this discussion is Alexander von Humboldt, whose wide range of knowledge and keen powers of observation lend weight to his opinion. In his *Cinchona Forests of South America*, published in 1821, he expresses some doubt as to the details of the story regarding the countess, especially as to Cannizares' obtaining his information from the Indians. Humboldt himself never saw the bark used as a medicine by the natives, except by those employed as bark peelers around Malacotas. Consequently, on the ground that primitive nations adhere with unalterable pertinacity to their customs, their food, and their nostrums, he infers that the natives of South America were not familiar with the febrifuge properties of the cinchona at the time of the Spanish invasion.

Humboldt concludes his remarks with the following timely information :

"In Loxa there is no document to be found which can elucidate

the history of the discovery of the Cinchona ; an old tradition, however, is current there, that the Jesuits at the felling of the wood had distinguished, according to the custom of the country, the different kinds of trees by chewing their barks, and that on such occasions they had taken notice of the considerable bitterness of the Cinchona. There being always medical practitioners among the missionaries, it is said they had tried an infusion of the Cinchona in the tertian ague, a complaint which is very common in that part of the country."

Tschudi in his *Travels in Peru* (1847) observes that the inhabitants of the Peruvian forests drink an infusion of the green bark as a remedy for intermittent fever. Spence informs us that the Cascarillas of Ecuador use the bark solely for dyeing purposes.

Markham, the eminent historian and geographer, seems to have changed his mind more than once in regard to the discovery. In his *Memoir* (1874), he gives us a version of the cure of the countess, similar in many respects to the story told by Ruiz, but less detailed. Cannizares, he tells us, sent a parcel of the bark to Dr. Don Juan de Vega, who employed it successfully on the countess. It is improbable, he says, that Cannizares learned of the bark from the natives, for he is "convinced that the remedy was unknown to the Indians in the time of Yncas. It is mentioned neither by the Ynca Garcilasso nor by Acosta, in their lists of Indian medicines, nor is it to be found in the wallets of itinerant native doctors, whose materia medica has been handed down from father to son for centuries." He then goes on to remark : "It appears, however, to have been known to

the Indians around Loxa, a town in the Andes, about 230 miles south of Quito," citing as evidence the tradition we have already mentioned of the cure of the Jesuit at Malacotas in 1600 by bark given him by the Indians, and, strangely enough, the very part of the tradition which he doubts, namely, that in 1636 an Indian of Malacotas revealed the secret virtues of the bark to the Corregidor Cannizares. Thus Markham appears to reflect doubt on his own contention that the remedy was unknown to the Incas.

In *A History of Peru*, published in 1892, Markham gives us a different version derived from the Jesuit Saldamando, whose *Los Antiguos Jesuitas del Peru* was published at Lima in 1882 :—

"A memorable event took place under the government of this viceroy, conferring lasting benefit on the whole human race. The discovery of the febrifuge virtue of the quinine yielding Chinchona trees was due to the Jesuits. The second wife of the viceroy, Donna Francisca Henriquez de Ribera, accompanied him to Peru. In 1628 she was attacked by a tertian fever. Her physician, Juan de Vega, was unable to cure her. About the same time an Indian of Uritusinga near Loxa, in the government of Quito, had given some fever-curing bark to a Jesuit missionary. He sent some of it to Dr. Diego de Torres Vasquez, who was rector of the Jesuit college at Lima, and confessor to the viceroy. Torres Vasquez cured the vice-queen by administering doses of the bark. The countess left Peru 1639, but died in Cartigina on her passage home. The remedy was long known as countess's bark, and Jesuits' bark, and Linnæus gave the name Chinchona to the genus of plants which produce it. The bark derived from Uritusinga and the forests near Loxa was for many years the only kind known to commerce, being exported from the port of Payta. It was known as crown

bark. But various species of this precious tree are found throughout the eastern cordilla of the Andes for a distance of 2,000 miles. The discovery of Peruvian or Jesuit's bark conferred an inestimable blessing on the human race, and renders the Vice-royalty of the Count of Chinchon forever memorable."

The Incas of Peru, by Markham, published in 1910, contains an account of the Inca physicians. The author pays tribute to the medical skill of the Amautas, the name given to the caste of learned men and scribes of the court. He remarks that the cinchona was certainly used locally as a febrifuge, and that the bark was known and used in the province of Loxa as Quina-quina.

Having taken up the leading references in the order of their publication, let us now turn to a consideration of certain features of interest connected with the discovery of the remedial virtues of cinchona.

In the first place it is only fitting that we should mention two traditions current among the natives of Peru. One, reported by Condamine in 1738, was that a mountain lion suffering with an ague was seen to chew the bark and thereby effect a cure, thus directing the attention of the natives to its curative virtues. The other, reported by Lambert in 1797, was that some cinchona trees were blown over, and lay in a pool, the water of which became so bitter that none could drink it. One of the inhabitants of the neighborhood, however, being seized with a violent paroxysm of intermittent fever, was forced to quench his thirst with the water. His prompt recovery drew

the attention of the Indians to the curative property of cinchona.

Secondly, we can well afford to devote a little space to the famous countess after whom the cinchona tree was named. Bollus informs us that after her notable recovery the countess was approached by the authorities of the state and asked that she give her endorsement, and that she use her influence to make it known, in order that that medicine which had so wonderfully brought about her recovery might be of similar benefit to others suffering with that same kind of fever. The countess appears to have been willing to do this. Furthermore, so greatly did she treasure the bark that she collected a goodly supply. On her leaving Lima in 1639, she left part of this with her Jesuit advisers, and the rest she carried back to Spain in 1640, as the story goes, to distribute it there among the sick on her lord's estate. According to Markham, her charity is evidenced by local traditions in and about Chinchon of the cures effected by the Countess' Powder (*Pulvis Comtissae*), by which name the bark came to be known. Whether she and her husband brought home a very large amount, or whether there were few cases of fever about Chinchon, or whether the Spaniards refused to take the drug, the fact is clear, according to a publication of Sir George Baker in 1785, that a considerable quantity of the substance remained in the hands of the family many years after the count and countess were dead.

Condamine informs us that Dr. Don Juan de Vega, physician to the countess, followed his patient to Spain a short time later, bringing with him a supply of the bark, which he sold at Seville for 100 reals a pound.

An interesting point comes up here in regard to the spelling of cinchona, Condamine, who was the first naturalist to describe the tree, sent specimens to Linnæus, the great Swedish botanist. Linnæus wished to name the tree after the famous countess, but he mistook the spelling of her title. Thus he gave the name Cinchona, Quinquina, Condamin, to this new species, which appears for the first time in his *Genera Plantarum*, published in 1742. Markham, in his "Memoir of the Lady Ana de Osorio, Countess of Chincon and Vice-queen of Peru," suggests that Linnæus strove to correct this mistake only to fall into a graver error, because in the edition published in 1767 at Vienna, the name reads "Cinhona, Quinquina Condamin." This must have been the fault of the printer, as we find the old spelling Cinchona on page 69, and in the index of this same edition. Had Linnaeus attempted to correct his original error he undoubtedly would have changed the original spelling on page 69 and in the index,—the only other two places where the name is used. We are inclined to trace this mistake to the earliest publication on cinchona which we have, namely, that of Sebastian Badus where he refers to the lady as the "Comtessa del Cinchon." In his *Memoir*, Markham makes the following fervid plea for the correction of Linnaeus's error :

"I plead for the correct spelling, as tribute of respect to a great historical family, now passed away, as a right which may justly be claimed by the people of Chinchon; and as the only way by which the memory may be preserved of her who made known to the world the inestimable value of quinquina bark, who was thus a benefactor to mankind, but whose monument has been destroyed, whose place knows her descendants no more, the illustrious and beautiful lady, Ana de Osorio, fourth Countess of Chinchon."

Though the Countess of Chinchon has generally had the credit of introducing the bark into Europe, there seems to be some doubt as to whether she ever returned from Peru to Spain. Indeed, her very identity is in dispute. We have seen that Sir Clements R. Markham, in 1874, declared that the person meant was the beautiful Ana de Osorio, but that more recently (in 1892) he follows Saldamando and identifies the countess with Dona Francisca Henríquez de Ribera, who died at Cartagena on her way to Spain, in 1639. Linnaeus's original spelling has remained in botanical and pharmacological literature up to the present day, and its acceptance by the Council of Ghent gives it the stamp of final authority. The family of Chinchon has long been extinct, and to attempt a change at this date would only cause trouble and confusion. Moreover, it appears from evidence presented in this and the following chapter, that the countess, whoever she may have been, was by no means the first to "make known to the world the inestimable value of quinquina bark," if, indeed, she had much of anything to do with the matter.

(To be continued.)

HAHNEMANN'S HOMŒOPATHY.*

By JOHN P. SUTHERLAND, M. D., Boston, Mass.

What is Homœopathy ?

What did Hahnemann mean when he used the word ?

Did Hahnemann often make use of the word Homœopathy ?

Is Homœopathy a Science or is it an Art ?

It is my purpose briefly to review Hahnemann's ideas on the general subject expressed in these questions in the hope that some of the more or less prevalent misunderstandings may be illuminated and possibly removed. It is certainly desirable that homœopaths should be unanimous in their opinions concerning the position of Homœopathy among the arts and sciences and should possess also a clear idea of Hahnemann's opinions. Hahnemann has spoken clearly, very definitely and with much positiveness in his writings, and it would seem scarcely possible to misunderstand him. I imagine that if his followers were more thoroughly familiar with his writings there would be greater certainty concerning Homeopathy's position among the practical affairs of life, and greater possibilities of securing for Homeopathy the universal recognition which it merits.

First of all let me ask when and where Hahnemann first used the word homeopathy ? It would help us very materially to be able to state just when it was first used. I have not been able to answer this question to my own satisfaction. Reference to his writings will show that he did not use it very frequently. Nevertheless it is a demonstrable fact that the *idea* of homœopathy, or of similars, first occurred to Hahnemann when he was attempting to explain the febrifuge action of cinchona, and the idea resulted from his initial

* Read before the Bureau of Homœopathy, A. I. H., June 27, 1916, Baltimore.

proving of the drug in his own person. He says in reporting his experiences, "All the old symptoms [with which I] was familiar in ague appeared one after another. Also, those particularly characteristic symptoms which I was wont to observe in agues.....all put in an appearance." (Hughes' "Principles and Practice of Homeopathy," p. 4.) The first plain and explanatory statement concerning homœopathy offered by Hahnemann which I have been able to find, however, is in his wonderful "Essay on a new Principle for Ascertaining the Curative Powers of Drugs" (Lesser Writings, p. 256), written in 1796, where he says *"Every powerful medicinal substance produces in the human body a kind of peculiar disease ; the more powerful the medicine, the more peculiar, marked and violent the disease."*

"We should imitate nature, which sometimes cures a chronic disease by superadding another, and employ in the (especially chronic) disease we wish to cure that medicine which is able to produce another very similar artificial disease and the former will be cured ; similia similibus." This essay of 55 pages gives some evidence of the work Hahnemann had been doing during the six years since he had translated Cullen's "Materia Medica." It is rich with suggestion and contains very numerous references to similarity of action between drug and disease (symptom-similarity), but nowhere in the essay is the word "homeopathy" used.

Naturally if we want to know what Hahnemann's views were concerning homeopathy we turn to the "Organon," because this work summarizes in a marvellously condensed, clear, logical and unmistakable way his matured conceptions and settled convictions. But we must bear in mind the fact that this important work is accessible to most of us only in the English translations, of which there have been several, the most noted being that by R. E. Dudgeon and the one by

Conrad Wesselhoeft. We must remember also that in the course of twenty-three years, during which time five editions of the work were printed, Hahnemann was patiently continuing his literary studies ; heroically and enthusiastically pursuing his investigations in drug-pathogenesis by "provings" on himself, his family, his friends and pupils ; and scrupulously analyzing his accumulating experiences with his newly developed system of practice. Therefore, the last edition, which appeared in 1833, contains many statements, conclusions and opinions not found in the first edition of 1810. Concerning this first edition I wish to call your special attention to a fact which has not, I think, been appreciated at anywhere near its real significance, viz., that only two or three years ago there appeared a fresh translation by Dr. C. E. Wheeler of London, as a volume of the popular "Everyman's Library." A year or so later the book was to be had in this country and it seems to me a duty for every homeopathic physician to have a copy and to familiarize himself thoroughly with its contents.*

These three translations I have examined with the idea of finding out what use Hahnemann made of the word "homeopathy" and its derivatives. The results of my search may be summarized as follows.† In Wheeler's translation of the first edition we find that

"homeopathic" is used 56 times,

"non-homeopathic" is used once,

"homeopathically" is used 17 times,

"homeopathicity" is used twice (in paragraphs 125 and 244) and it should have been used in paragraph 177 in place of

* "Organon of the Rational Art of Healing" by Samuel Hahnemann. London : J. M. Dent & Sons, Ltd., and New York : E. P. Dutton & Co, ; Everyman's Library, translated by C. E., Wheeler, M. D.

†Reference is made only to the text itself ; the numerous explanatory notes of author and translator are not included in the summary.

the word "homeopathy" which occurs evidently by mistake. This would have made three uses of the word "homeopathicity."

The word "homeopathy" occurs but twice, and in one of these times, in paragraph 177, as just noted, it is used by mistake. Thus in paragraph 199 is to be found the one and only use in the text proper of this edition of the "Organon" of the word "homeopathy." The paragraph reads, "No other diseases require any special directions for their cure. They obey, all of them, the eternal law of homeopathy, to which there is no exception."

In paragraph 177 we read, "The rational cure of all such diseases depends entirely on the internal administration of a medicinal force, suitably adapted by its homeopathy to the whole symptom-complex....." Evidently "homeopathicity" should have been used here instead of "homeopathy."

In Dudgeon's translation of the fifth edition (twenty-three years having elapsed since the first edition was published), we find the following uses of the noun "homeopathy," or its derivatives :

"homeopathic" occurs 124 times,

"unhomeopathic" occurs 5 times,

"homeopathically" occurs 34 times,

"homeopathicity" occurs 2 times, and

"homeopathy" occurs twice (paragraphs 76 and 186 ; and it is interesting to note that in paragraph 186 of the Wesselhoeft translation we find in what seems much choicer phraseology "homeopathic treatment" instead of Dudgeon's "homeopathy"). The word "homeopathy," therefore, is used but twice by Dudgeon, and its derivatives 165 times.

In Wesselhoeft's translation of the fifth edition we find the word

"homeopathic" used 132 times,
 "unhomeopathic" is found 5 times,
 "non-homeopathic" is found once,
 "homeopathically" is found 16 times, and,
 "homeopaticity" is not used at all ; while
 "homeopathy" is used five times, a total of 159 against
 Dudgeon's 167. In paragraphs 53 and 54 Dudgeon makes use
 of the adjective "homeopathic" in place of Wesselhoeft's noun
 "homcopathy." In paragraph 205, Wesselhoeft introduces
 the word "homeopathy" for the sake of simplicity, and to
 break up one of Hahnemann's long sentences of 22 lines which
 Dudgeon heroically undertakes to render quite literally. In
 paragraph 269, Wesselhoeft briefly and euphoniously says, "To
 serve the purposes of homeopathy..." where Dudgeon says
 "The homeopathic system of medicine develops for its
 use..."

We find, therefore, that in only one paragraph, number 76,
 do both translators use the word "homeopathy." Dudgeon's
 phraseology reads, "Only for natural diseases has the bene-
 ficent Deity granted us, in Homeopathy," etc., while Wessel-
 hoeft says "It is only through homeopathy that Providence
 has vouchsafed us," etc.

In contrast with this infrequent use of the word "homeo-
 pathy" in the text of the "Organon," in the Preface to the
fifth edition we find Wesselhoeft using the noun 9 times
 against Dudgeon's 6. It is curious to find that in the "Pre-
 face" to the *first* edition, as given both by Dudgeon and
 Wheeler, there is *no use whatever made of the word*.

In answer to the question, "What did Hahnemann mean
 when he used the word homeopathy or its derivatives ?" one
 should be referred to the "Organon" where a sufficiently ex-
 plicit answer may be found, not once or twice, but many times.
 For instance, in section 17 of Wheeler's translation of the first

edition we read, "If, now, experience should show (and indeed it does show) that a given disease-symptom is only removed by the very medicine which has produced a similar symptom in a healthy body, then it would be probable that this remedy is able to up-root that disease-symptom by virtue of its tendency to call forth a similar one." And in section 31 we read, "The great homeopathic law of cure rests on this law of man's nature, revealed by experience, that diseases are only destroyed and cured by similar diseases. The homeopathic law may be thus formulated ; that a disease can only be destroyed and cured by a remedy which has the tendency to produce a similar disease, for the effects of drugs are in themselves no other than artificial diseases." In the "Introduction" (A Review of Physic") to the Wesselhoeft translation of the fifth edition, page 43, we read, ". . . *In order to cure gently, quickly, unfailingly and permanently, select for every case of disease a medicine capable of calling forth by itself an affection similar to that which it is intended to cure.* Hitherto none taught this homeopathic method of cure..."

In section 24 we read, "So there remains no other manner of applying drugs in the cure of diseases, but the homeopathic method, in accordance with which we select a drug to meet the totality of symptoms of the case of disease, which drug should possess the power and inclination in a higher degree than any other (of all drugs known and proved with regard to their tendency to alter the feelings of a healthy person), of producing an artificial morbid condition most similar to that of the natural disease." In Dudgeon's translation of the fifth edition in section 26 we read in part, "...A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (whilst differing in kind) is very similar to the former in its manifestations." Can there be any doubt that Hahnemann's idea of Homeopathy was the

idea of symptom-similarity between the drug and the disease, and that such an idea can be expressed in the guiding rule "*similia similibus curentur*," let similars be treated by similars ? And can there be in the light of these quotations (and many more that might be made) any reasonable objection to defining Homeopathy as the method of treating diseases in accordance with the formula "*similia similibus curentur*," let similars be treated by similars ?

Probably there would be less confusion than there seems to be on this question if one settled in his own mind what attitude to take towards the question "Is Homeopathy a Science or an Art" ? Here again we find the unequivocal answer in the "Organon." The very titles used are definite and form a sufficient answer to the question ; for instance, "Organon of the Rational Art of Healing" (Wheeler) ; "Organon of Medicine," (Dudgeon), whose translation of the Preface to the first edition (first paragraph) reads, "According to the testimony of all ages, no occupation is more unanimously declared to be a conjectural art than medicine..." ; and "Organon of the Art of Healing" (Wesselhoef), who makes Hahnemann say in the Preface to the fifth edition, "Homeopathy is a simple art of healing, unvarying in its principles, and in its methods of applying them"

Even a cursory reading of the text of the "Organon" shows it to consist chiefly of arguments and directions for treating sick people in accordance with an unvarying formula. In this unique text book we find minute directions for the examination of patients ; with instructions as to which symptoms are to be considered of chief importance in the making of a prescription ; as to the collection of plants, and the preparation, preservation and dispensing of drugs ; as to the best methods to be used in proving drugs upon the healthy, the diet to be observed by the prover, as well as the patient ; as to the dose to be administered

and its repetition, as well as many other rules of procedure in the treatment of sick people. The evidence would seem to be conclusive that Hahnemann was dealing with an art, not a science, when he wrote his famous "Organon." Recognition of this fact would have made impossible the many discussions—some of them acrimonious—concerning the use of the word "curantur" as expressive of a law, or "curentur" as announcing a guiding principle or working rule. It may be well to remind ourselves that science means simply "Knowledge," and is defined (Century Dictionary) as "Knowledge gained by systematic observation, experiment and reasoning." "Knowledge regarding any special group of objects, co-ordinated, arranged and systematized ;" and that art (by the same authority) is defined as "A system of rules and traditional methods for facilitating the performance of certain actions ; acquaintance with such rules or skill in applying them, as, in a manual trade or handicraft, technical profession, or physical accomplishment ; as the *art* of building, or of engraving ; the healing art ;" etc., "in this sense opposed to science."

To reason by analogy,—one would say that navigation is an art, a way of doing a certain thing, of sailing a ship. Like all arts successful navigation is governed by rules of procedure. Like all arts, again, the rules of successful navigation are based on experience and observation ; upon knowledge or science, such as astronomy, geography, mathematics, etc. So one may claim that homeopathy is an art ; a way of doing a certain thing ; viz., restoring health to the sick ; a department of medicine or of the great art of healing ; its guiding rule being the well-known *similia similibus curentur*. The sciences used by the homeopathist are those common to all medical practitioners,—the fundamental sciences of medicine. In addition the homeopathist bases his particular practice upon the science of drug pathogenesis, the only science

characteristic of, or developed by, homeopathy. All this is embraced in that marvellously explicit third paragraph of the "Organon," in which is summarised those things necessary to one who would become a "true master of the art of healing." The physician must *know* diseases ; that is, pathology and all it includes, such as etiology, nosology, diagnosis, prognosis. He must *know* drugs ; that is drug pathogenesis, as revealed by toxicology, provings on the healthy, over-dosings, etc. ; and also pharmaceutics. He must *know* how to adapt the drug to the disease ; and it was right here that the genius of Hahnemann showed itself in all its originality and clearness of vision. It was Hahnemann who proved so conclusively that there are three and only three principles according to which drugs can be applied in the treatment of diseases ; viz : (1) the antipathic method, in accordance with the rule *contraria contrariis curentur* ; (2) the heteropathic method (empirical) without a formula, and (3) the homeopathic method under the guidance of the rule *similia similibus curentur*, the application of which presupposes the possession of knowledge of drug pathogenesis and familiarity with the correlated rules indicated by the guiding formula and the well-known phrases "totality of symptoms," "the single remedy", and "the minimum dose." The physician finally must *know* the obstacles in the way of recovery and *how to remove them*. This part of the physician's knowledge and art is much neglected in medical studies and teaching, and consideration generally, and yet it is one of the most important of Hahnemann's teachings. In this connection he clearly points out, more definitely and convincingly than (to my knowledge) any of his disciples have, the limitations of homeopathy ; and here also he acknowledges in most generous and decisive terms the importance of hygiene and sanitation, of dietetics, of psychology both etiologic and therapeutic, and of surgery.

Those who prefer to think of homeopathy as a science should find comfort in Hahnemann's frequent use of the word "law" as used by all his translators. The following instances are presented to show the frequency of its occurrence, as well as the context :—

Paragraph 18—"... then it cannot be doubted that the *law* has been discovered whereby this medicine has brought recovery to this disease, namely, the *law* : 'Similar symptoms in the remedy remove similar symptoms in the disease.'"

Paragraph 20. "This eternal, universal *law* of Nature, that every disease is destroyed and cured through the similar artificial disease which the appropriate remedy has the tendency to excite, rests on the following proposition ;..."

Paragraph 31. "The great homeopathic *law* of cure." "The homeopathic *law* may be thus formulated ; that a disease can only be destroyed and cured by a remedy which has the tendency to produce a similar disease, for the effects of drugs are in themselves no other than artificial diseases."

Paragraph 142. When this happens the homeopathic *law* allows no second dose of the same medicine to be given."

Paragraph 152. "...chosen most carefully in accordance with the homeopathic *law*...."

Paragraph 199. "They obey, all off them, the eternal *law* of homeopathy, to which there is no exception."

These quotations from Wheeler's translation of the first edition of the "Organon" could be effectively used in support of the claim that Hahnemann believed in a natural law of cure which is expressed by the phrase *similia similibus curantur*, which is ordinarily translated "likes are cured by likes." Even if this is all correct, the statement of a law of cure, which would be of scientific interest, is not equivalent to giving directions of procedure in the treatment of a case, which is what the practitioner of an art wants and needs. The

treatment may be, and in the case of homeopathy we may admit that it is, based on a law of cure ; but our actions are guided by the formula *similia similibus curentur*, let likes be treated by likes. This last is a rule of practice, and in the "Organon" we find every needed convincing evidence that homeopathy was considered by Hahnemann, and is in fact, a method of practice, the curative art of healing, a system of pharmaco-therapeutics, and nothing else.

It is curious considering the vast importance attached to the formula *similia similibus curentur* by many of Hahnemann's followers that he himself made exceedingly infrequent use of it. The text of the "Organon" does not contain it, though in section 263 of Wheeler's translation the phrase *contraria contrariis curentur* is found. Hahnemann rather frequently uses *similia similibus* just as he does *contraria contrariis*, but stops there. The "Introduction" to the fifth edition, however, presents in Dudgeon's translation, page 38, both formulas, *contraria contrariis curentur*, and *similia similibus curentur* ; while unfortunately in the same paragraph in the Wesselhoeft translation, *similia similibus curantur* and *contraria contrariis* are used. In this case Dudgeon who is more literal in his work than is Wesselhoeft, is correct.

I am convinced that thoughtful study of the "Organon" will show it to be the most notable book for its size ever written in medicine. It will teach us as no other book can what Hahnemann meant by "Homeopathy" ; and among other things it will demonstrate that Hahnemann had a phenomenally high ideal of the sole duty of the physician ; that he had a comprehensive view of the art of medicine ; a full knowledge of the limitations of homeopathy, as well as of other methods of treatment ; and a very precise opinion concerning homeopathy's relationship to other therapeutic methods. These points perhaps can be summarized by a chart method as follows :—

in the "Organon" one may be qualified to "act thoroughly, and to the purpose, as a true master of the art of healing."

—*The Journal of the American Institute of Homeopathy.*

A Clinical Case.

BY J. N. MAJUMDAR, M. D.

B. R.—robust youngman, contracted malaria by going to a very unhealthy locality. Fever was diagnosed to be malignant tertian by eminent allopaths. A homeopath was called in for treatment. He declared the case hopeless and told the patient's people that nothing but quinine could cure this case. So allopathic treatment was resorted to. Quinine in mixtures, quinine in pills, and quinine by injections, was administered but in vain. The fever would come on with violent chills, temperature rising to 105° and 106°. Then the fever would break and the patient would get into collapse. This state of things continued for four or five days. Brandy and other things were administered to keep up the strength. But inspite of everything the patient developed anæmia and jaundice and the case went from bad to worse. At last I was called in. When I arrived the patient was in a terrible condition. He was very tympanitic, there was very great difficulty of breathing, the temperature was 104°, but what was the worst symptom was an obstinate hiccough, which had persisted for nearly 36 hours and sometimes nearly choked him to death. Moreover, his mother told me that his father and his grand father died from hiccough

and so she dreaded this hiccough very much. In fact the patient was in a very critical condition. I also thought that the crisis would take place with the remission of the fever. However, thanks to Hahnemann and his immortal homeopathy, the patient was restored to health within a week with one dose of Carbo veg 200, a few doses of Nux vom 30, Coccolus 30 and one dose of Psorinum 400 and homeopathy was saved from the ill-merited abuse bestowed on it by the unqualified homeopath ; for the homeopath who was called in was a so-called qualified medical practitioner, because he was the graduate of a recognized medical college, but he was not the right sort of homeopath, otherwise he could have cured this case without quinine. Quinine is not the only thing for malarial fever ; in fact it very often does more harm than good.

THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

"The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine."

—HAHNEMANN.

VOL. XXV.]

OCTOBER, 1916.

[No. 10.

ABCESSES.

It is now fairly well-known that homeopathic remedies have very powerful action in dissolving and absorbing abscesses and also bringing it to ahead and helping it to burst of itself where necessary. Our allopathic friends ridicule the idea and say that it is physically (?) impossible. It is true it is physically impossible but I say it is dynamically possible for we have done it hundreds of times. But by this I do not mean to say that it is invariably possible for there are occasions when we have to requisition the knife and the surgeon. But what I mean to say is that we need not run for the knife whenever we see a case of abcess or the like nature. With such remedies as Hepar Sulph, Merc Sol, Calc sulph, Silicea, Apis, Pyrogen, Arsenicum, Anthracinum, Lachesis, Carbo veg, Carbo Animalis, Poenia and the like drugs, we are able to

cure such maladies as carbuncles, furuncles, tubercular abscesses, sinuses, fistulas, and such other troubles. That we can cure ordinary abscesses very easily is now well-known to all patients who generally resort to homeopathic treatment, but even in inveterate cases such as fistula in ano, appendicitis, iliac and psoas abscesses, we can do a wonderful lot of good. One of our late illustrious colleagues once told me that we could not cure fistula in ano without surgical interference. I was young and inexperienced then and was very disappointed to hear this. But now I know better having myself cured many such cases. These cases tax our energies to the extreme and require a tremendous lot of patience, both on the part of the patient and the physician. But let me tell you that they cannot be cured by surgical interference also if there is a constitutional dyscrasia at the back of them. They require such remedies as Calc carb, Hepar sulph, Bacillinum Psorinum &c and once the constitution is set right, the cure becomes easy. I once cured a case with one dose of Psorinum 400, after having failed with many drugs for nearly four or five months. Then in cases where there is caries of the bone underlying the open sore or sinus or fistula, the cure becomes all the more difficult and in these we have to be very careful about the selection of the remedy. Here, as everywhere else the totality of the symptoms is our sole and only guide in the selection of the remedy. Silicea, Asafoetida, Lycopodium, Calcarea carb and such remedies, have given me very satisfactory results. The idea

that a cure is impossible until and unless the sequestrum is removed is a very erroneous one. In these cases the selection of the remedy must be made very carefully. Often you have to take into consideration the constitutional symptoms of the patient. I have succeeded in removing the sequestrum with the indicated remedy, not in one or two cases, but in many cases even where I have seen surgeons fail to cure in spite of repeated operations. I remember the case of a rich Marwaree lady, where one of the eminent surgeons operated three times but without avail. This case was under my treatment at the beginning and although she steadily improved under our treatment, they changed the treatment because there was delay. But she had to come back to me after these operations and seven months of suffering, the surgeon having declared another operation impossible as the femur had become very thin and was likely to break. This time she continued our treatment for some length of time and a complete cure was effected.

In such troubles as appendicitis where it has become the fashion to operate now a days we can very often effect a cure without the help of the knife. I have cured quite a number of patients, both among Indians and Europeans. The ordinary remedies for suppurative processes being sufficient for a cure in the majority of cases. Mercurius sol, Hepar sulph, and Silicea have been most efficacious in my hands. In several cases relapses take place. But here again we need not despair for such remedies as Sulphur and the

nosodes do a wonderful lot of good, for generally in these cases there is a constitutional dyscrasia, that has to be set right before a radical cure can be made. Then again there are cases that assume a sub-acute form, where the acute inflammatory condition passes off, the fever also disappears but the hard inflammatory lump remains and becomes very intractable. In such conditions I found Sulphur and Arnica do wonderful work. I should like to lay particular stress on Arnica because it has done the most good and it is a remedy that, I fear, has not been extensively used.

J. N. M.

SOME SURGICAL CASES, WITH COMMENTS.

By JAMES EADIE, F. R. C. S. Eng.

*Assistant Surgeon and Assistant Ophthalmic Surgeon to the
London Homeopathic Hospital.*

ONCE a month this Society, for its sins, subjects itself to the penance of a paper from one or more of its members.

It is the duty of the Secretary of the Section to provide a castigator, and, if he fail to get anyone else, must perforce take on the office himself. Such is my plight, and if, when I have finished, you do not feel sufficiently scourged and mortified, I beg that you will think it is from no unwillingness on my part, and that you will be lenient and deal with me under the First Offenders Act.

The first case I propose to bring to your notice is that of a girl, aged 8, who was brought to the hospital obviously very ill, on May 6, 1915. She was admitted to the children's ward right away, and I saw her the same day. She was then bordering on that condition to which the term "typhoid state" is given. A preliminary diagnosis of rheumatic fever had been made by the outside practitioner. As far as one could elicit an expression from the patient, she had pains all over and not localized any where, but on examination we discovered a slight swelling over the upper end of the right tibia, which was doughy and somewhat tender. I formed the opinion there was pus subperiosteally, and that the patient's general condition was due to sepsis. She was anæsthetized and an incision made down to the bone of the tibial tubercle. The escape of pus confirmed the diagnosis, and I found the periosteum was stripped from the bone for some 2 in. or so down the shaft of the tibia. I chiselled into the medullary canal to make sure of the drainage for any pus in that cavity but there was not any found there. Dry iodoform gauze dressing was applied, a drain being left in the medullary canal, and the patient was returned to bed.

The girl's general health was so bad at the time of the operation that for the next month her condition was somewhat precarious, and she exhibited the symptoms of septicæmia.

Seven weeks later the discharge from the wound was copious, but it was obviously not getting away as

freely as was desirable, nor was her general condition showing the improvement I hoped. So on June 25 I had the patient in the theatre again and subperiostally excised about 3 inches of necrosed tibia from the upper end of the shaft. This left a cavity in the periosteum between the upper epiphyseal line and the remainder of the shaft, which I thought would permit the pus to escape more freely ; no attempt, however, was made to remove all the dead bone of the shaft. Subsequent to this operation, we got the patient out into the open air of the balcony, and her general health now began to mend more satisfactorily.

Three weeks (July 16) after this operation, as the discharge still continued without lessening, and, moreover, the added sign of œdema of the lower part of the leg appeared, I decided to excise the whole shaft. I was loth to do this, in the first instance, as my hope was that an involucrum would form round the necrosed bone, from out of which I would, eventually, remove the scaffold represented by the sequestrum, and so minimize, if not altogether obviate, the deformity and disability that might ensue from excision of the shaft of the tibia.

However, consideration of the fact that the whole tibial shaft was obviously dead ; that no attempt was being made to form an involucrum ; that the general health was not improving as rapidly as it might ; the discharge was copious and not perfectly free ; and there was difficulty in keeping the wound as open as desirable for free drainage—all these considerations

induced me to excise the whole shaft, allow the gutter in the periosteum to granulate, and then, when clear of the pus, transplant a new bone into this gutter in the periosteum. Heretofore there was no deformity.

Before going ahead with the operation of excision, I applied a plaster splint to the limb, with the object of being able to maintain the true shape after excision, especially to keep the foot in a good position and give eventually a useful organ. I then excised the entire shaft between the upper and lower epiphyseal lines, through a long incision down the front of the shin from the upper to lower end of the bone. I believed I had got away all the dead tissue, so closed the periosteal gutter with sutures taken right round without the periosteum. I left drains at the upper and lower ends of the incision, where the periosteal sac widened out, to be inserted at the epiphyses. After dry dressing, the limb was put into its plaster splint and no dressing was done for four days.

After this last operative interference, the improvement, in both the local and general condition of the patient, was very marked, and the incision healed rapidly, except at the lower end, where two tiny sinuses remained—due, I imagine, to ligatures; they eventually healed after scraping with a curette. As the plaster was strong enough to support the child, I allowed her to get up with crutches a fortnight later; the wound was then healed. The child was then boarded out at another hospital during the temporary

closure of this in August, and when we re-opened she was re-admitted on August 28.

I was not a little surprised to find, when I came to examine her, that the site of the necrosed tibia was occupied by a firm body, either cartilage or bone. On having the leg radiographed, the plate exhibited a shadow, where the tibia had been removed from ; you will observe from the plate I now show you that it is not as wide as the original bone, and not so dense as that thrown by the fibula. Bear in mind that this shadow represents less than two month's regeneration of bone.

Since Nature had obviously undertaken a process of repair which the surgeon had contemplated having to do himself, the latter resigned the case in favour of the former, and I was well content to put the limb into a new plaster and send the child to an open-air sanatorium, where she has been up to the present.

The comments I should like to make on this case of osteomyelitis refer first to the difficulty of diagnosis. An appreciable number are put down as rheumatism in the first instance, more especially as the patient frequently does not help us much with localizing symptoms, and the slight œdema which presents over the seat of the lesion may readily be overlooked unless one exercises very great care in the examination. The general symptoms are often so very marked that the cases simulate meningitis or typhoid. I need scarcely lay stress on the importance of early diagnosis and operation—it is not less so than in strangulated hernia.

It must strike everyone who has had any experience of the incidence of acute osteomyelitis how relatively rare that condition is in London compared with the West of Scotland—more particularly Glasgow, where rickets is also much more prevalent. Whether it has to do with the purity of the water-supply, especially the absence of salts of all kinds, I am not prepared to dogmatize, but that view is held by many.

It is possible, however, that a variety of causes contribute, and deficient amount of sunlight is not unlikely to be one as it is in rickets.

The chief interest of this case, however, to me lies in the fact that it demonstrates that one can get regeneration of bone inside a periosteum that had previously been little, if any, better than a bag of pus with the dead bone lying bathed in it. Obviously, these circumstances were not sufficient to destroy the osteogenetic layer of the periosteum. I have not been taught to expect such regeneration, and have a shrewd suspicion that many of those cases in which bone transplantation into a similar periosteal gutter has been performed would have done as well, or better, if left to Mother Nature.

One of my juniors put it well when he remarked that, had this hospital not been closed for a month, the bone would have been grafted and the credit given to the process of grafting.

Your attention was drawn to the fact that I opened into the marrow cavity at the first operation, although I had evacuated pus from beneath the periosteum. It

is a debatable point whether one should do this, on account of the real danger of extending the infection should it not already have gone so far. I considered well whether or not to go into the medullary cavity. The bone was dead. The patient was seriously ill. If pus were in the medulla the incision down to the bone was inadequate, and valuable time would be lost while waiting to see if the result of the incision of the periosteum alone was sufficient to relieve the patient—if it failed, a patient in such a condition was doomed. If the medullary canal became infected, provided there was free drainage, the patient's life was not necessarily jeopardized, though that of more of the bone was. However, the first rule of surgical practice is that a patient's life must not be hazarded unnecessarily in any procedure, so I went into the medullary cavity ; but I confess I do not now think it was necessary to do so in this case, though whether the patient would have done any better if one had not one cannot say.

NEPHROLITHIASIS.

I now propose to relate a case of calculi in a horseshoe kidney.

The patient is a butcher, whom I first saw as long ago as January, 1908. He was then aged 21, and came to my out-patient department with symptoms which, I thought, pointed to vesical calculus. He was admitted under Mr. Wright, who crushed a large stone with the lithotrite.

Seven years later, on March 8, 1915, the man again presented himself at the out-patient department. At first sight I summed him up as being in the last stage of tuberculosis, and he appeared to require an undertaker rather than a surgeon. He is very tall, and was then thin and cadaverous-looking with sunken eyes. His temperature was 104° F. He had been in Portsmouth Hospital and operated on for "adhesion." The scar is in the situation of a suprapubic cystotomy incision.

He complained of more or less constant pain in the right side of the abdomen and right loin. He had had it for the last three years. He stated that the urine was "muddy."

On examination, I found the right kidney enlarged and tender. The urine boils almost solid with albumin and the guaiacum test for blood is positive.

The patient was radiographed, and a report returned. "No X-ray evidence of calculi."

My diagnosis was right pyonephrosis, possibly tubercular. I saw no hope for the patient unless he was freed from the toxins he was obviously absorbing, and yet I was not sanguine his condition would permit him to withstand the shock of the operative measures necessary for his relief.

In May I performed a lumbar nephrotomy on the right side. I found a considerably enlarged right kidney, which I was unable to deliver into the wound on account of its lower pole being fixed. On palpating with a hand in the wound fixation was found to be

due to a bridge of kidney tissue joining the two lower renal poles. Palpation also revealed the presence of large calculi in the kidney, with a distended renal pelvis. I incised the organ, and from the renal pelvis evacuated some very offensive pus and all the calculi I could feel, of which there were several (ten). Having passed a long probe down the ureter to satisfy myself no stone was impacted there, I introduced hæmostatic catgut sutures into the kidney and, leaving a drain, closed the wound.

During the subsequent seven days the patient's condition was grave. Then he began to pick up rapidly in strength and weight. While recovering from the operation, the patient from time to time mentioned slight aching in the left loin, so I had him again radiographed. This time the plate showed shadows in the left kidney region, and also towards the lower pole on the right side. The patient was discharged to a convalescent home on May 31 to report on his return and come in for left nephrolithotomy later. He was readmitted on August 30. During the two months following his last operation, his condition had improved out of all recognition, and I had not the same aversion to subject him to operative interference as in the first instance. In September I did a left lumbar nephrolithotomy and removed calculi from the left renal pelvis, incidentally confirming the horseshoe kidney from that side.

In spite of his greatly improved condition after the first nephrolithotomy, the patient again exhibited con-

siderable shock for some days after the second ; then, as previously, improvement was rapid and the patient was discharged on September 26. Since that date I have seen him from time to time and he keeps well and is doing clerical work.

. My first comment on nephrolithiasis is : what a marked difference there may be in any two cases in the constitutional disturbance presented. We have all come across instances of calculi, especially large ones, being found accidentally in one or both kidneys, and yet the patient complained of little or no constitutional derangement attributable to their presence. In the case I have just related we have the other extreme, and the man had all the outward appearance of advanced tuberculosis, which has entirely cleared off since he was freed from the offending bodies.

The shock in this case was more than I have experienced before, and may be partly attributable to the extremely low condition of the patient and partly to the horseshoe kidney. It is not unreasonable to suppose that manipulation of such must disturb nerve plexuses more than like manipulation of the normal kidney.

The difficulty of dealing with stones in both sides of a horseshoe kidney and in the lower pole led me to consider the advisability of performing the operation of severing the bridge of kidney tissue uniting the lower poles. In the case I have related, however, our first concern was to keep the patient in this world—to relieve him as speedily as possible of the incubus

under which he was suffering. Now that his general health is good I am inclined to advise division of the bridge, so that each kidney can be more easily got at.

RIGHT RENAL CALCULUS.

E. C., an unmarried woman, aged 31, was referred to me by Dr. McCall in November, 1911, on account of pain in the right loin and flank. It was aggravated by walking, ameliorated on lying; very much worse during the catamenia. Micturition not affected. Two months previously she had been operated on, on account of this pain (August, 1911), in one of the teaching hospitals, for appendicitis, but on getting about afterwards found her pain no better. She did not have a skiagram taken prior to the appendectomy. The locality of her pain suggested renal calculus, and I had her radiographed and now show you the result. You observe a very large shadow, and I may say the radiographic screen was even better as a diagnostic measure than the plate, and showed the blackest shadow of a calculus I have ever observed. The right kidney was palpable and also tender.

The patient except for the pain was well, and would have no surgical interference for six months. On May 23, 1912, I performed a right lumbar nephrotomy and removed one large and one small stone. She did well and was discharged eighteen days later.

Three and a half years later (December, 1915), she came back with slight pain in the other (left) loin this time. I can find no definite evidence of further

calculi, and the radiographic report was negative. She is inclined to be neurotic, but I am keeping her under observation.

This case is alluded to mainly to remind you of the possibility, not a remote one, of mistaking renal or ureteric calculus for appendicitis. Had the patient been skiagraphed before the first operation, so very obvious a calculus could not have been overlooked. I like to have all such cases radiographed as a matter of routine. In my opinion radiography is invaluable as an adjunct—I repeat the word adjunct—to diagnosis of urinary calculus. My cases illustrate that a shadow in the course of the urinary tract is by no means necessarily a stone, and one must regard it only as a valuable physical sign.

On the other hand, there may be no X-ray evidence of calculus when such does exist—witness my case of horseshoe kidney, in which the first report was: “No X-ray evidence of calculi.” This report, however, was due, I suspect, to some technical error; because a few weeks (May 11, 1915), later the report was positive regarding both kidneys; and moreover, I had the stones skiagraphed after removal, and they threw a very decided shadow. In the hands of a skilled radiographer these two classes are, in my experience, quite the exception.

DOUBLE EMPYEMA.

F. G., schoolboy, aged 12, admitted into Hahne-mann ward on September 21, 1915, with history that

he was taken very ill two days previously with embarrassed breathing and was straightway referred to hospital by his doctor. On admission, his pulse was 134 and temperature 103.4° F. He had had his tonsils and adenoids operated on at another hospital three days previous to the onset of illness.

On September 29, eight days after admission, some fluid was drawn by syringe from the left side of chest and showed pneumococci in pure culture.

On October 2, eleven days after admission, the chest was tapped but no fluid was withdrawn.

On October 16, twenty-five days after admission, signs of pleurisy right side at back. Left side again tapped and no fluid withdrawn.

On October 22, thirty-one days after admission, I was asked by Dr. Fergie Woods to see the patient with reference to surgical interference for empyema of left side, and suggested immediate resection of rib. This was done under slight chloroform anæsthesia after confirming presence of pus by withdrawing a syringeful. Two pints of pus were evacuated and a flanged rubber drainage-tube left in the pleural cavity.

On November 1, forty-one days after admission, resection of rib was performed for presence of pus in the right pleural sac, which was much less in quantity than had been evacuated from the left side.

The tubes were worn until December 14, when both were left out and exercises commenced. The left pleural sac was thus draining for fifty-three days and the right for forty-three.

By the courtesy of Dr. Fergie Woods I now exhibit the boy to you. My object in bringing forward this case is to try and elicit your views on the post-operative treatment of empyemata of the pleural sac, and to hear any opinions as to what becomes of the empyema cavity.

APPENDICITIS SIMULATING RENAL CALCULUS.

A schoolgirl, aged 13, was sent by Dr. W. P. Purdom, on November 24, 1915, with the diagnosis of appendicitis.

Seven weeks prior to admission she had had pain in the right side of the abdomen, accompanied by constipation and nausea. The pain was not localized to McBurney's point, and there were no urinary symptoms. This attack cleared up in a few days, and she had two subsequent attacks in the following six weeks, and was then sent into hospital. When I saw her she was in the quiescent period and I found nothing very definite from examination alone on which I could make a diagnosis.

I had a radiograph done—this I now show you. You will observe the shadow in the region of the right kidney. It might be a renal calculus, and was so reported to me just as I was about to operate. However, with characteristic contumacy I went for the appendix, through a gridiron incision towards the anterior superior iliac spine. At first I could not find the appendix, but eventually discovered it lying in front of the right kidney, with a distended bulbous

tip. I had, much to my regret, to spoil my gridiron incision by extending it considerably upwards in order to get access to the diseased organ. The patient made uninterrupted recovery and was discharged with three weeks.

I bring forward this case because the diseased appendix was demonstrable by X-rays, and reminds me of a skiagram Dr. Pritchard, of St. Leonards, possesses, which is the first I had seen showing the appendix ; also because the skiagram alone might have misled one to diagnose renal calculus instead of appendicitis.

CASEO-CALCAREOUS GLAND SIMULATING URETERAL CALCULUS.

A Territorial, aged 26, was referred to my outpatient department by Dr. Hall Smith, on July 22, 1915. He complained of pain in the right flank and groin of some month's duration. He was told by a military surgeon, so he said, that he had a stone in his bladder, and he was granted leave in order to come to London and have the matter dealt with in a London hospital.

On examination, I found no particular resistance in the right iliac fossa—the muscle was not “on guard,” but I felt a nodule like a plum stone in the course of the right ureter. The urine was normal and on rectal examination nothing abnormal was discovered. I had the patient radiographed and I now show you the plate. The radiographer's report was to the

effect that the shadow shown as lying in the course of the right ureter was a ureteral calculus.

I operated on September 20, 1915, making a gridiron incision as for appendectomy, and found the appendix exhibiting evidence of chronic inflammation. The shadow you now see was caused by one of the lymphatic glands, through which the appendix area drained, having undergone caseo-calcareous degeneration. I could find nothing abnormal about the ureter, so, after removing the appendix and the gland, I closed the incision. Some of the other glands were to a less extent enlarged. The wound healed by first intention and the patient was discharged in ten days. He reports from time to time and has remained well.

This case shows how a caseo-calcareous gland in the region of the ureter may give rise to a diagnosis of ureteral calculus.

THE IMPORTANCE OF CHARACTERISTIC SYMPTOMS IN PRESCRIBING.

BY DANIEL E. S. COLEMAN, PH. B., M. D.

(Reprinted from Homeopathic Recorder.)

At the beginning of my studies in materia medica some seventeen or eighteen years ago I was impressed by these statements in Dr. Nash's "Leaders in Homeopathic Therapeutics :—" "Good off-hand prescribing can be done in simple uncomplicated cases if we have fixed in our minds, for ready use, the *characteristic*

symptoms. The elder Lippe was remarkable for such ability."

"In actual practice there are two kinds of cases that come to every physician. One is the case that may be prescribed for with great certainty of success on the symptoms styled *characteristic* and *peculiar* (Organon sec. 163). The other is where in all the case there are no such symptoms appearing; then there is only one way, viz., to hunt for the remedy that, in its pathogenesis, contains what is called the tout ensemble of the case. The majority of cases, however, do have standing out like beacon lights some characteristic or 'keynote' symptoms which guide to the study of the remedy that has the whole case in its pathogenesis."

Nothing is more erroneous than the supposition that the "keynote" method of prescribing, so called, is careless. He who is a good ready prescriber must have a more profound understanding of the action of remedies than those who consider it necessary to work out *every* case by the use of the repertory. Repertory analysis is necessary in complicated cases where the *characteristics* are not prominent, or where one's memory fails, and thorough drilling in such work should be done by the department of materia medica.

I do not wish it understood that I consider the memorizing of "keynotes" all that is necessary for the student of materia medica. He should first obtain a knowledge of the general scope of the drug action before learning the important characteristics so nece-

ssary to successful prescribing. The vastness of our symptomatology would make prescribing a hopeless task if it were not for these leading symptoms which guide us to a proper selection of the remedy. The great pioneers of our school, like Adolph Lippe, Henry Guernsey, Constantine Hering, C. G. Raue *et al.*, were remarkable for their knowledge of characteristics and the ability to apply such knowledge to the cure of the sick. The power to prescribe quickly for the great majority of cases left more time to study the really complicated ones.

Following are a few cases by way of illustration :

Case I. Bronchitis and œdema of the lungs in an old diabetic patient, female, aged 80. Her family had given up all hope. The *red streak down the centre of the tongue* led me to prescribe *Veratrum viride*. She responded promptly and made a complete recovery. It is interesting to note that this remedy helped her many times previously for other conditions. The *red streak down the centre of the tongue* led to its choice.

Case II. Male, æt. 92. Catarrhal pneumonia, characterized by a *large accumulation of mucus in the lungs with great difficulty in raising*. Notwithstanding his age and that I was obliged to keep the windows closed on account of his wife and daughter, who were extremely sensitive to air, the latter being a well-known authoress, *Antimonium tart.* 6x, in repeated doses, cured him in a short time.

Although his daughter, the authoress, was sensitive to air none of her stories lacked "atmosphere."

Case III. Female, æt. 60. Constant, incessant nausea, sometimes accompanied by vomiting and associated with great weakness. The patient felt better from *heat and in hot weather*. I am not including the common symptoms in these reports. Two years' treatment with her former physicians (of the "old school") proved worthless. Her last doctor, a well-known and broad-minded man, said: "Go to a homeopath and he will cure you."

I was led to *Arsenicum album* on account of the *weakness and relief from heat*. This remedy, in the 6th potency, improved her at once and completely cured in about two months. At first it was repeated frequently and the intervals between doses were lengthened as she advanced toward recovery.

Case IV. Male, æt. 61. Pulmonary tuberculosis, bacilli present in the sputum. Oct. 4, 1915. Anorexia, debility, emaciation, hoarse cough, cough hurts head. Raises large quantities of *thick, yellow, tenacious mucus*: nasal catarrh. Weight, 120 pounds. R. *Hydrastis* Q, gtt. x, in half glass of water, *zii* four times daily. Oct. 11th. Decided improvement, cough and expectoration reduced one-half. Oct. 18th. Weight, 123¼ pounds. Raises less and cough does not hurt head. Oct. 25th. Weight, 124 pounds. Dec. 6th. Improved. Weight, 129¾ pounds. Dec. 13th. Weight, 130¾ pounds. Dec. 20th. Weight, 132¼ pounds. Jan. 10th. Coughs and raises very little. *No rales*. Weight, 134 pounds. Mar. 6th. Does not cough or raise. Weight, 139¼ pounds.

Mar. 15th. Weight, 140½ pounds. July 6th. Weight, 150 pounds, the heaviest he has ever been in his life. He is well to-day, has no cough or expectoration, and the physical signs are negative. The anorexia, debility, emaciation and cough, although present in the pathogenesis of *Hydrastis*, did not aid me to choose that remedy. The character of the sputum was the "keynote" leading me to the proper selection. At first I repeated the remedy regularly, four times daily, but as he improved, I diminished the frequency of the dose.

This case is not presented to show a rare result obtained from a homeopathically indicated remedy in tuberculosis. After a large experience with this disease, I am convinced that it is curable if not too far advanced. The most efficient treatment, in my opinion, is the administration of the similar remedy along with the ordinary hygienic and dietetic measures. The above patient remained at his business with only a slight alteration of his diet and habits.

Ars., *Ars. iod.*, *Caust.*, *Phos.*, *Iod.*, *Sil.*, *Sulph.*, etc., have served me well in tubercular cases, but I believe *Hydrastis* to be more often indicated than is generally recognized. It is an important remedy, worthy of serious consideration.

Case V. Male, æt. 39. Neuritis of the right arm of four months' duration. "Old school" treatment did not help. Symptoms: *Pain intolerable, < at night, insomnia and anxious restlessness*. Unable to move hand. *Caused by sleeping by an open window. Fear*

was a prominent symptom, and strange as it would seem, caused him to look under the bed before retiring. When I began treatment he was actually confined to bed, however. The characteristics stood out prominently. Under *Aconite* 3d, in repeated doses, he improved at once, slept the first night, had pain only on motion by the second day, and on the fifth could move hand and arm without pain. He made a complete recovery in a short time. *Aconite* 3x was also prescribed for a time.

I have often found this remedy indicated in neuritis, often of considerable duration. It is a mistake to think that *Aconite* is indicated only in acute conditions. Sub-acute and chronic ills yield to its influence when the *characteristic* symptoms are present. It is true that the pathogenesis of *Aconite* usually resembles the symptoms of acute disease, but this is not invariably so. Not long ago a physician friend suffered from neuritis caused by *exposure to cold, dry air*, with *aggravation of the pain at night*. He thought that it had lasted too long for *Aconite* to be indicated. I gave him that remedy and he was promptly cured.

Case VI. Male, æt. 17. First, second and third toes of left foot crushed. Amputation performed. Three unhealthy ulcers remained. Great pain at night, preventing sleep. No improvement in three months from *Bichloride of Mercury*, *Creolin*, *Balsam of Peru*, *Ichthyol*, *Calendula* and *Aluminum acetate* externally ; *Hepar sulph.*, *Nux vom.*, *Silica* and *Calendula* internally, and *Morphine* hypodermically, pres-

cribed by attending surgeon and his assistants. Re-amputation was considered by the surgeon, a man of great ability in his field. When called in the case I prescribed *Arnica* 30th internally, and a dilute *Arnica* dressing, externally, on the following characteristic indications : *Great soreness with fear of being struck by those approaching the bed.* He improved at once, slept the first night after receiving the remedy, and was completely cured in nineteen days.

Case VII. Female, æt. 59. Referred to me by prominent surgeon. Symptoms : Eleven years before right kidney removed for cystic degeneration. One and one-half years later the left kidney was in such a condition that a second operation was performed, which consisted of stripping of the capsule and anchorage. The surgeon said the remaining kidney was so diseased that he would have removed it had there been a third. Two years later she was operated for gangrened appendix. April 8, 1910. Symptoms : *Chill and fever after eating great exhaustion* cough with dirty, white or yellow expectoration of *putrid* taste, *great dyspnœa*, could not take a deep breath, fever, chills and terrific night sweats, of offensive alkaline odor, drenching the bed clothing several times each night, *thirst during the fever*, urine dribbled and *smarted on passing*, profuse yellow leucorrhœa, constipation with no movement without enema, *great gastric distress*, could only eat a few selected articles of food, < ABOUT MID-NIGHT AND FROM COLD, > HEAT. Weight, 100 pounds.

The highest daily rise of temperature, 103.6 ; lowest, 101.2. A diagnosis of tubercular kidney was made by an "old school" physician.

Urinary analysis : Quantity in 24 hours, 37 oz. ; reaction, neutral S. G., 1.010 ; Albumin, trace ; sugar, negative ; urea, approximately 1 per cent. ; total solids, 17.242 grams.

Microscopical. Pus cells, epithelial from convoluted tubules, containing fat globules and granules, complete and incomplete triple phosphates and uric acid gravel. Diagnosis, chronic interstitial nephritis with probable tuberculosis.

R. *Arsenicum album* 6th.

Steady improvement until May 6th, when Arsenicum ceased to help. I then prescribed Silica 30x trituration upon the characteristic, extreme sensitiveness to cold.

Continued improvement, the chills, fever and sweat disappeared, she was able to get out of bed and resume her duties, gaining fifteen pounds in several months.

During January, 1911, suffered from badly infected hand and lost slightly in weight. I prescribed Hepar sulph. on the "keynotes," thick yellow pus and sensitiveness to cold air. Later when the pus became thin and scanty I resumed Silica. June, 1911. Weight, 118 pounds, gain of eighteen pounds ; flesh firm and healthy, constipation cured, can eat regular meals, is active in getting about ; in fact, she is free from her old symptoms.

Urinary analysis, June 21, 1911. Imperceptible trace of albumin, no pus cells or epithelia. The diagnosis of kidney lesions is based upon the presence of pus cells and epithelia and not upon the albumin.

At present, October, 1915, the patient shows no signs of retrogression, and is in remarkably good condition for one possessing her pathological lesions. I am obliged to see her only occasionally, and she responds promptly to the indicated remedy. At one time she had a sensation of constriction of the chest, as if squeezed by an iron hand or band. *Cactus grand.* promptly cured. Again, she had a pain in the back following the course of the ureters which was removed by *Berberis*. *Arsenicum* or *Silica* is the remedy usually indicated when she feels the necessity for treatment. This is infrequent, however.

—*Homeopathic Envoy.*

SCIENTIFIC FACTS AND HOMEOPATHIC UNCERTAINTIES.

Among the members of the dominant school there are many who say that homeopathy is nothing. It is a faith cure. To them we have nothing to say because they say things without enquiring or testing its efficacy or otherwise. But there are others, who say, that homeopathy is efficacious in some cases but it is very uncertain. To them I would say that their belief is based on their own knowledge, or the knowledge of those who do not know much, or who have not studied the science and art of homeopathy carefully. I admit

that it is a very difficult science entailing much labour and hard work. To be a good prescriber, you have to study very hard. It is often very very difficult to make an accurate prescription. But when once you have selected the right remedy the cure becomes easy, for homeopathy is an accurate science. It is true that it does not deal with concrete pathological facts, basing its cure on the name of the disease. It recognizes the existence of the great pathological factors and bases its prognosis of diseases on the same but does not admit of the finality of such conclusions. The microscope is an invaluable aid in diagnosis to the physician but its usefulness in the cure of maladies is limited. The existence of cancer cells, the presence of tubercle bacilli, of the tertian malarial parasite, of the Leishman Donovan bodies enhances the gravity of the situation, for we have to be guarded in our prognosis of the cases but they do not enable us to declare a case as absolutely incurable. Homeopathy, for the purpose of selecting the remedial agents, does not pin its faith in one pathological factor alone but takes into cognizance all the symptoms of the case. To the homeopath, the tubercle bacilli is only one factor in the selection of the remedy and "the four to eight p. m." aggravation is just as important a factor in the selection of the remedy to him as the tubercle bacilli, for the characteristic aggravation shows the individual idiosyncrasy of the men, the peculiar changes in the vital force making the selection of the remedy

easier, whereas the tubercle bacilli is a factor that is common to many. Here is a case with a sinus in the arm or the leg that is baffling the skill of the homeopath as well as the allopath. There is a sequestrum and the surgeon declares that unless the sequestrum is removed and the bone scraped the cure is an impossibility. The anxious father enquires if the child would be cured absolutely if the bone is removed and he is assured that it will be so. He submits to the operation, but lo and behold the wound refuses to heal, the fever continues unabated and that, inspite of all the strictest aseptic and antiseptic procedures. What is the reason. The surgeon explores the wound again and declares there is another sequestrum ; another operation is necessary. Again the child undergoes the ordeal but with no better results. Then in desperation the homeopath is consulted. He comes and asks ten thousand irrelevant questions and then prescribes a few of his seed like pills (the so-called nothings) and says the child's constitution is at fault, there is a miasm at the back of it, which must be set right. His treatment is adhered to and after a few months a cure is effected. What is the result. The layman naturally thinks that the seed like pills and pellets of the unscientific quack (homeopath) is better than the vaunted operations of the dominant school with all his glittering armamentaria. Here is a case of appendicitis. The patient is a friend of mine and so he sends for me as soon as he arrives in Calcutta. But he has his allopathic friends as well. After

examining him, I thought the inflamed mass will be absorbed and told the patient so. But he is persuaded by his allopathic friends to consult an eminent surgeon. How could he leave his valuable life in the hands of a quack. The surgeon sees the case gives a guarded prognosis and tries to avoid an operation, because it is fairly well known now that sometimes the homeopath cures a case of appendicitis without an operation. Now if a homeopath can do so, why won't he be able to do so, for homeopathic remedies are nothing. So absolute rest is enjoined and boric compresses are used. For twenty days this procedure goes on, but inspite of everything the tumour gets bigger, the inflammation gets worse and the fever increases. He finds suppuration imminent and so advises an operation on the morrow. But the patient dreading the knife, send for his friend the homeopath again. He comes and finds a much worse case than the one he saw before. But begins the treatment again and with a few doses of Hepar s. 30 and 200, Mercurius sol 30, Apis 6x, Medorrhin, 200, Sulphur 200 and Arnica 30 effects a complete cure within three or four weeks. His remedies are nothing but they cure cases very effectively, so he uses them very accurately according to Samual Hahnemann's directions ; and the patient is also firmly convinced in the efficacy of these remedies for after all he wants a cure and he finds he gets it in homeopathy and that also in a most gentle, harmless and permanent way.

J. N. MAJUMDAR, M. D.

HOW TO BE A SUCCESSFUL PHYSICIAN.

In our last article we spoke something on *Materia Medica* which should classify the drugs according to the principle of Homeopathy. And here we speak a word or two on the study of Pulsation modified by each drug during proving. For pulse clearly speaks of (a) degree of vital power ; (b) the nature of the disease, whether or not inflammatory ; (c) specific characteristics of the disease ; (d) whether result of superabundant strength of the blood and system or whether occasioned or attended by depressed condition ; (e) the degree of progress made by disease upon the vital power, and consequently the greater or less degree of urgency ; (f) in critical cases, the appropriate reactionary remedy ; (g) according to the greater or less degree of impression made upon the pulse by such administration, whether or not we have properly selected, and how far we should be justified in changing the medicine.

When you feel the pulse observe following rules :—

First—avoid feeling the pulse abruptly, until the patient has been, where practicable, engaged in conversation.

Secondly—Assure yourself that some casual circumstance may not have fluttered, or otherwise affected the patient, and thereby disturbed the pulse.

Thirdly—Place two or three fingers on the artery on the inner side of the right wrist of man and the left of woman, having the thumb so applied to the of the

wrist that the pressure can be modified or increased if necessary ; and that by varying the degree of pressure having considerable length of the artery under the three figures, you may be able, not only to distinguish the number of beats which occur in a minute, but also their particular character ;—whether by pressure you can apparently suppress the gush of blood through the vessels ; or whether, when strongly passed, the current seems to worm through beneath the fingers like a wire ; or whether the bound is so strong as to apparently force the fingers away ; or whether the pulsations are sudden, distinct, and abrupt ; or whether the pulsation appears to linger and to pass languidly ; or whether, again, there is no distinct pulsation ; but a rapid thrill, rather a vibration than a pulsation. In order thoroughly to distinguish these variations, it is imperative that the attention should be centred in this one object, and not distracted by other circumstances.

The following are various denominations of pulse.

Frequent, slow quick, sluggish or tardy, hard, soft, strong, feeble, large, small, full, empty, unequal, and intermittent.

As to indications of these varieties see the writer's *Sadrissa Aurved Bignan Pt. I.* (from page 40 to page 60).

To be continued.

NILABAR HUI,
Serajgunge (Pabna.)

THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

"The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine."

—HAHNEMANN.

VOL. XXV.] NOVEMBER, 1916.

[NO II.

. THERAPEUTICS OF CHOLERA.

That Homeopathy is eminently successful in the treatment of Cholera there is not a shadow of doubt. In the early stage of homeopathic development in India cholera treatment proved the way for its introduction in this Country. At one time in a distant date, late Dr. D. B. Smith our popular principal of the Calcutta Medical College then asked one of his assistants, why Cholera cases are not given to us as Cholera was then raging very violently. The said assistant gave some vague reply but Dr. Smith said I know the reason—these Cholera cases are monopolised by the homeopaths. This is certainly a candid acknowledgment from the highest allopathic authority at that time.

For convenience of describing the treatment of cholera, it is usual with the author to divide the disease into various stages Not that these appear in regular

succession, often we find one stage is absent or one merged into the others. All writers on cholera agree in recognising the following stages of it viz ; first the premonitory stage ; second the full developed or purging and vomiting ; third the Collapse and fourth the stage of reaction. We shall describe the treatment according to the last three stages.

In the first stage or that of purging and vomiting, the following remedies are useful.

Veratrum alb.	{	Camphor
		Colchicum
		Ricinus
		Cuprum acet. or met.
		Antimonium Tart.
		Elaterium

Veratrum album may be considered as the type of or class of remedies which are more or less potent in checking an undue evacuation and bringing it into natural color and consistency. In fact, by the administration of one of these remedies according to indications, the further mischief may be arrested.

Veratrum album—As students of the old school we are very familiar with the fact that veratrum is a drastic purgative, so, it must be the medicine *par excellence* for choleric evacuation—both purging and vomiting. From our repeated experience, we can give veratrum the highest place in the developed stage of cholera. The late professor Farrington says : “veratrum seems to act prominently on the abdominal organs, acting probably through the splanchnic nerves. When these nerves are paralysed, the blood vessel:

become over charged with blood, and poured forth their serum.

The prostration, the coldness, the terrible sinking sensation that belong to veratrum, all start from these nerves.

Homœopathic indications for administering Veratrum are the following :—vomiting and purging of a large quantity of serous fluid—rice water evacuations as they are called ; colicky pain in abdomen ; cramps in the extremities, specially in the calves of the legs ; great prostration ; cold sweat, especially on the forehead ; coldness and blueness of the face and hands ; great thirst for large quantities of very cold water and acid drinks.

In times of cholera epidemic it is wise to administer veratrum at the first appearance of diarrhœa thus further development may be stopped at once, delay here is dangerous. In cholera cases general depression of thought is very great and here veratrum is our sheet anchor.

As regards dose we generally give the 30th potency after each evacuation. The highest potencies the 200th and up are also useful.

Camphor is also a great anticholeric medicine and may be given in the preliminary diarrhœic stage, as well as in the collapse stage. Camphor may be considered as the destroyer of cholera bacilli.

Body icy cold, voice husky, prostration intense. As soon as the patient is passing cholera stools no time should be lost in administering Rubini's camphor

in five drop doses in a little sugar. It is to be given after each stool.

Cuprum met : Is very efficacious in the developed stage of cholera. It generally checks purging and vomiting, and is pre-eminently useful in cutting short the distressing and painful cramps in the extremities and other parts of body. Late Dr. B. L. Bhaduri who had treated more cases of cholera than any body in Calcutta, used to say that he could treat almost all cases with cuprum alone. He was very fond of cuprum ars. in the Collapsed stage of cholera. Indications for cuprum : purging and vomiting of rice water fluid ; colic of a paroxysmal nature ; constant restlessness ; cramps in the extremities, beginning in fingers and toes ; great exhaustion ; spasms in the calves, abdomen and chest ; icy coldness of the hands and feet ; quick, rattling and short breathing, almost imperceptible or weak and thready pulse ; pale and sunken features ; great thirst—water runs down with a gurgling noise ; relief of vomiting after drinking, urine scanty or entirely suppressed.

Higher potencies are better. We had several times aggravation from the lower potency. Cuprum is a wonderful remedy in cases of Asiatic cholera in its various stages and when given according to indications cures the patient at once.

Ricinus : Is useful in diarrhœic cholera, that is to say cases that assume the nature of cholera from indigestion or simple diarrhœa. In one year it was a genus epidemicus of that year and numbers of cures

had been reported in the pages of this Review by many doctors. We have subsequently ascertained its true indication as follows.

Purging and vomiting of rice water fluid or sometimes tinged with vitiated bile and some undigested fluids ; cramps in the extremities there is seldom any pains in abdomen ; extreme prostration ; complete suppression of urine ; pulse thready or scarcely perceptible, slight coldness of extremities.

Potency was the sixth decimal used at that time but subsequently we made use of 30th and higher.

There are some other remedies in the developed stages of cholera viz *Jatropha cur*, *Euphorbia*, *Croton tig* ; *Iris vers* and others. They are useful in choleric diarrhoea rather than true Asiatic cholera.

There are two other remedies in stage of purging and vomiting that deserve special mention here and we have varified their symptoms in actual practice in numbers of cases.

Of these the first is *Antimonium Tart.* and second is *Colchicum*.

Antimonium Tart is a very useful remedy in cases of cholera in its stage of evacuations. It is very much like *veratrum alb.* In fact I always use it when *veratrum* fails. When cholera breaks out during the epidemic of small pox it is better to make a choice of *Antim. Tart.* in the very onset of the disease.

Purging and vomiting of rice water evacuations ; vomiting with great effort ; cold clammy perspiration, drowsiness with complete exhaustion ; almost imper-

ceptible pulse ; heart's action failing ; laboured and difficult respiration ; and complete collapse.

Colchicum is a neglected remedy in cholera, though its pathogenesis clearly points it as a probable remedy. In one epidemic when the ordinary cholera medicines fail to give a prompt relief I used it with great success. It was a *genus epidemicus* of that season.

Purging and vomiting of rice water evacuations ; distention of abdomen notwithstanding large quantity of stools ; cramps in the extremities ; pulse feeble or imperceptible. When there is no pain in abdomen or very slight one you give *Colchicum* instead of *veratrum album*.
P. C. M.

A WORD OR TWO FOR THE EXTENSION AND DEVELOPMENT OF HOMEOPATHY IN INDIA.

At present the members of Homeopathic medical men in India is far below the demand and this is the most serious factor in the existing situation.

To remove the situation we propose to form an *Indian Homeopathic Association*, in our Metropolis Calcutta.

All friends and adherents of Homeopathy should be invited to join the Association. In this way the most important aid can be had to carry out its works in the development and extension of Homeopathy in India.

The Association should earnestly appeal to

every one interested in the development of Homeopathy in India to become a member, or an associate involving an annual subscription of six rupees. The power of the Association for good will be enormously increased when this duty is individually discharged by all who have been benefited from Homeopathic treatment.

As for the membership the Association should desire that its membership may be widely extended over the length and breadth of whole India so that every Homeopath may thus participate in the carrying out of this absolutely necessary work. Should any case of lesser subscription, furnishes an opportunity for all to signify their active interest in the Indian Homeopathic Association.

The works of the Association should include :

1. The encouragement of Homeopathic Cottage Hospital throughout the country.
2. The formation of an enlightened public opinion on the subject of Homeopathy.
3. The endeavour to provide for the ever increasing call for the professional men practising Homeopathy.
4. To realize a fully equipped permanent and advanced Academic teaching staff.
5. To carry out a thorough proving of drugs according to the Homeopathic Method.

NILAMBAR HUI,
Serajunge (Pabna).

Clinical Notes.

M. L. SINHA, L. H., M. S.

Das Kalgram—Birbhum.

A healthy infant of 2 years of Moti Lal Mondul was suffering from acute pain in the ear. Ear, swollen, red, painfully sensitive. Right parotid gland swollen and red. Very fretful. Worse in open air and at night.

Puls. 6 was given 2 dose morning and evening.

No better but the child slept at night.

Placebo one dose in the morning.

Next day aco. 3 doses every three hours. At night profuse pus discharged. Two more doses were given and it made a perfect recovery.

A boy of 8 years of Kali Das Mondul was suffering from pains on the gums. Gums painful, tender, swollen with pus profuse. Saliva discharged at night and moistened the pillow, during sleep. Symptoms apparently just like the result of mercury But on enquiry I come to know that it was not really so.

Aco. 3 six doses. Every three hours, Within two days it effected a complete cure.

My nephew of 25 years. A healthy youngman. Got a blunt boil on the thigh. It was very difficult to differ it from a carbuncle. It was red, a little swollen and there was burning

Hep. sulph 200 one dose.

No better.

One day after, again one dose. Next night suppuration imminent—8 a. m. in the morning, profuse pus discharged.

Gave him *Silicea* 30, three doses a day, got cured completely within 2 or 3 days.

Nishu, a Goala of 16 years. He used to take meal thrice a day from his infancy. He would take rice with adequate quantity of unboiled milk in the morning.

He was suffering from colic pain in the stomach for the last two months. No pain during day time. Pain commenced every night between 12 and 2 o'clock. During this time, cutting pain made him cry aloud and after 3 or 4 urging crumbling stools felt better.

I gave him nothing, only *Puls.* 6 one dose and he got rid of the terrible pain.

Continued *Puls.* 6 a week and he got a complete recovery.

Ram Tantoby's son. Age 4 years. Fever. High temperature, convulsion. Acute pain in abdomen. It seemed just like a tumour. No stools.

Injected glycerine pure 3ii by rectum, knotty stool discharged. But no relief of pain and hardness of the abdomen.

Gave *Bell.* 6.

A child of Ram Tantaba. Age 4 years. Fever remittent. High temperature. Convulsion commenced and I was called in, in the morning.

Gave *Bell.* 6.

One dose. I was informed in the afternoon—tem-

perature normal, no convulsion. But the child was crying and rolling for pain in the abdomen. On enquiry I came to know that no stool for the last four days. It seemed just like a tumour in the abdomen and he felt acute pain on touch.

Injected pure glycerine 3ii by rectum. Knotty stools discharged, But no relief of pain and hardness of the abdomen did not disappear.

Gave Nux 30 thrice daily. After a week it effected miraculously a complete cure.

GANGRENE IN LEG.

1. An elderly man at Neogipukur West Lane had a small boil in his left leg. This went on increasing. He was for sometime under the treatment of an allopathic Doctor who advised an operation.

He came under my treatment, on the 6th April 1910. Had some fever, gangrene spreading fast, going up. Much burning and parts of a doughy feeling. Patient was weak and emaciated. Carbo veg 30 three times a day and the parts washed with warm water. Application of burnt ghee was made.

Next day the case got worse. Much burning, parts looked blackish in color and thin, pus came out of it. Placebo.

13th April. Still very bad, sore extending up, patient restless at night, parts quite black, burning was increased.

Lachesis 200 dry on the tongue, one dose of four globules in the morning.

The effect is marvellous. Burning and restlessness relieved at once and parts assumed a healthy appearance. Granulations appeared and the patient was convalescent in a week's time. Usual food was given after the fever had subsided.

SUMMER DIARRHŒA.

2. An elderly gentleman at Bhowanipur, thin and emaciated, subject to dyspepsia and acidity, commenced purging and vomiting on the 14th April. Had taken some rich food the day previous. Purging and vomiting green and yellowish stuff with constant burning from mouth to anus and was very thirsty. Water however was thrown off as soon as drunk.

Considering rich food as the cause of this distemper another young Homeopathic Doctor gave him Pulsat. 30 after stool and vomiting with no effect and he called me in consultation.

Iris vers., 6x one dose every two to three hours was prescribed.

In two doses, the evacuations were very much reduced in times and quantity. Had slight sleep in the midday. Thirst considerably less and complained of burning appetite. It was simply the burning of stomach by the acid fluid in the stomach, so no food was given him the whole day.

Next morning he was much better ; no vomiting or stool the whole night. No more medicine was

required and we gave him arrowroot in water with a little gandhal soup which is very wholesome to the stomach.

LIVER ABSCESS.

3. Moulavi A—an elderly gentleman æt 46 had an abscess in the liver for nearly 3 weeks. Had high fever and diarrhœa. He was addicted to drinking rather hard and suffered for sometimes from dyspeptic symptoms. He used to take much meat and highly seasoned dishes. I was called on the 1st August 1910.

Fever nearly 104 F., mostly in the evening. Much perspiration but no intermission. Pain of a stitching and aching character in the region of the liver. Aggravated by pressure and after eating. But ameliorated by hot milk and anything hot. Several thin, bilious, watery stools in 24 hours. Liver enlarged and hard. Depending upon these symptoms I gave him a dose of Cheledon 3x every six hours.

Fever altered very much only 100 F. and pain reduced. But on careful palpation I found that pus was about to collect on the left lobe of the liver.

No medicine was given for two days. On the 6th I gave him a dose of Merc. sol 200 in the morning. No fever after that and liver seems to be better. I had to give two more doses of Merc. sol 200 and he was all right. Strict diet enjoined.

FEVER AND DIARRHŒA.

Moulavi A—daughter had high fever, tympanitic distention of abdomen and diarrhœa for two days. It was not taken notice of in the beginning ; when it assumed a graver form I was called. It was on the 30th september 1910 when my advice was sought. She was drowsy and on rousing her from sleep, she moaned and groaned, complaining much pain over the whole body. Temperature 101 in the morning and rose up to 104 in the evening. Much rumbling in abdomen and passing of brown and fetid stools four to six times in four and twenty hours.

Drowsiness increased with the advent of the fever. No appetite, tongue red and parched ; some thirst and a small quantity of water was sufficient. Passed horribly offensive flatus. Baptisia 30 and Arnica thirty were tried without any effect.

I gave a dose of Pyrogen 6th every six hours and it had a marvellously prompt effect. After taking four doses the patient was much relieved. Drowsiness nearly gone ; distention of abdomen less and diarrhœa stopped.

Fever was 99 in the morning and 100 in the evening. No more medicine. Next day the temperature was normal and no return of fever.

P. C. M.

A STUDY ON MATERIA MEDICA.

(N. M. CHAUDHURI, M. D.)

Picric Acid.

Clinical [Brain fag. Softening of the Brain. Meningitis. Headache. Locomotor Ataxia. Myelitis. Neurasthenia. Sexual Debility. Spinal irritation. Pain in the back. Boils. Diabetes. Diarrhœa. Insanity. Paralysis. Amenia. Burns. Erotomania. Pain in the back of the Brain. Hemo globinuria. Leucocythemia. Lumbago. Ill effects of sexual abuse &c.]

Picric acid is a great explosive, and like all explosives it combines great energy potentiality with small volume. In the material world they make use of this potentiality in accomplishing difficult feats, such as blasting big rocks and other tasks requiring great display of force and violence. It is no wonder, then, that such an agent should be used as medicine to accomplish greater tasks of regulating deviation of our vital force. Picric acid exists as bright yellow glistening crystals. It has no odor, but it has very bitter taste. They are soluble in boiling water and alcohol and in the commercial world it is utilized as a dye to color wool, silk, and other animal tissues.

We get picric acid by the action of Nitric acid on such organic substances as indigo, silk &c. But it is generally prepared by gradually adding carbolic acid on strong nitric acid, and then boiling the compound. On cooling picric acids are found as yellow crystals at the bottom. Then one part of this pure picric acid is

dissolved in ninety-nine parts by weight of distilled water and we get the first centesimal potency.

The first and the foremost use that we think of making of picric acid is in the case of individuals, that suffer from great debility, weakness, langor and exhaustion. The prostration is continually on the increase. From a mere fatigue and tired feeling it may amount to real paralysis. At first it manifests itself by headache, vertigo, burning sensation of the spine &c. The least mental or physical exertion brings on his attacks. As a consequence he is disinclined to work of any kind. When he has the opportunity to stand he will not run ; when he can manage to sit down he will not stand and when he can lie down he will not sit up. This very aptly describes the real temperament of our patient. There are other remedies such as Arsenic, China, Conium, Calc, Gels, Iod, Natrm c, Phos, Phos acid, Sel. and Sulph, wherein we find a similar prostration, but they are each one of them different from the rest.

In *Arsenic* the prostration, which is much greater than in Picric acid and of a different sort altogether is due to organic involvement and our patient is in a much more critical condition, whereas in Picric acid it is of a sort of gradual but wholesale decline more of the nature of enervation than anything.

Our *China* patient is very poor in blood, and the weakness is due to great loss of vital fluid in the shape of seminal emission, diarrhoea, hæmorrhage, profuse perspiration etc.

Weak though our *Calc* and *Selenium* patient, it is more pronounced after each act of coition. In these patients every embrace causes langor, trembling of extremities, weariness and headache and they feel this exhaustion more in the morning.

Conium combines muscular prostration with nervous exhaustion. The weakness is accompanied by trembling. He is so weak that he feels exhausted and faints after a short walk. This debility is to be accounted for by old age or such pernicious habits as masturbation or Zimotic diseases.

The pot-bellied *Sulphur* and the emaciated *Iodium* complain of exhaustion more during hunger and it disappears when the hunger is satisfied.

Our *Selenium* patient, who indulges in sexual excesses with dribbling of prostatic fluid at stool and semen during sleep is like the *Natrum Carb* patient exhausted from the heat of the sun. Last of all we come to *Phosph.* and *Acid Phosph.* These two remedies go hand in hand in all nervous affections and they resemble *Picric acid* more closely than any that we have yet mentioned. The weakness and trembling, the burning, the clouding of the sexual atmosphere, all speak of the resemblance in the three remedies, but the difference between them can hardly be overlooked.

Phosph acid is the most adynamic of these three remedies. The apathy, the indifference, the tastelessness of this drug can hardly be equalled.

With the weakness of *Phosphorus* combines great irritability as shown by its sensitiveness to all external

impressions. These fatigued conditions of the brain may, if neglected, lead to a more serious condition, viz. the softening of the brain. This may induce paralysis according to the region involved. We have watched animals poisoned with this acid. The first symptom that manifests itself is a weakening of the muscular system ; this weakness gradually develops into paralysis, especially of the hind legs. Autopsies reveal a general softening of the brain and the cord. Such pathological observations prove beyond doubt that Picric acid can be a very powerful agent in the above conditions ; but as symptoms are sure guide to the choice of the remedy, we will take up the symptomatology of this remedy indicating it in spinal and cerebral softening. During the first stage the patient complains of intense headache from the least mental exertion. He keeps his legs wide apart when standing and he looks at objects so steadily that it seems he is unable to make them out. His limbs become too weak to support his body and his will power too seems to be quite suspended.

Sometimes he suffers from real mental aberration. He looks like a total imbecile, with entire suspension of reason and memory. He sits still without taking interest in anything. The one symptom of all the symptoms from which he seems to be a constant sufferer, is headache and it accompanies him in almost any trouble he may be suffering from. It is generally an occipital headache with its peculiarity of aggravation from the least overwork and excitement. This headache either extends down the back or forwards

into the supra-orbital foramen and thence into the eyes. * It is relieved by lying flat on the back and keeping-quiet, and is worse from motion, especially going upstairs.

We cannot very well omit the sexual conditions of our Picric acid patient. The general run down condition of the nervous system almost manifests itself in his sexual sphere. Beginning with a morbid excitement he gradually verges towards impotency. In the first stage he suffers from violent, strong and long lasting erections. They are sometimes so hard that he fears the rupture of his penis. These erections are followed by profuse seminal emissions. With this he combines *headache*. His back seems to be the weakest part of his body. His lower limbs feel heavy with the occasional sensations of formication and needleprick in the legs.

There are quite a few other remedies such as *Canth*, *Caps*, *Can ind*, *Mygale*, *Phos*, that resemble Picric acid in regard to its priapism.

Oxalic acid comes very close to Picric acid in its sexual debility. He also gets erections but these come on mostly on lying down without any cause. He also complains of pain or rather a heaviness in his occiput, but the symptoms to mark the difference are that instead of a heaviness in the lower limbs he complains of a dullness and that the parts look blue. The pains are in small spots and they are worse when he thinks about them.

Picric acid presents a perfect picture of diabetes.

With his already existing exhaustion, he combines a high-colored urine of high specific gravity. It is full of albumen, sugar, phosphates and uric acid. His feet are cold and chilly and they are always covered with cold sweat. This shows that we must not always run to Camp. and Carbo veg. on finding a cold limb covered with cold sweat. There are other remedies and we must always prescribe on the totality of the symptoms.

Dr. Herbert reports a case in the "Clinique," of a lady, aged about 49 years, whom he cured with Picric acid 6x. Her system was thoroughly broken down. She suffered from loss of appetite, copious urination, exhaustion, backache, brainfag &c. The specific gravity of her urine was 1040 and she had $7\frac{1}{2}$ p. c. sugar.

Dr. Thery of Paris recommends Picric acid very highly for burns of the first and second degree. A saturated solution (90 grains to 3 ounces of alcohol), diluted with one quart of water is advised. The burnt area is first bathed with this solution and then stripes of sterilized gauze soaked with it should be applied over the parts.

Last of all let us watch the skin symptoms. We notice boils and they are small and mostly in the auditory meatus. Calc Pic has similar symptoms.

Locations of boils are always important. Thus boils on the tip of the nose—Acon and Ananth; left eye—Natrūm mur; axilla—Lycop and Phos; on chest,—Phos; on arms—Petr; of hand—Lycopod; thigh—Hyoscy, Ignat; on calves—Silic; of the foot—Ratan.

MALARIA.

The word malaria is originally derived from the Italian words *mala aria* (bad air), but now it is used in a very wide sense. It signifies not only bad air, but a type of fever with which the human system is affected in consequence of the bad air. In our country it is from decomposed vegetables that malaria originates. It is often seen that men in the corn-producing country enjoy good health during the time of the growth of corn but with the season of harvest malaria breaks out and men are attacked afresh by it during this season when the unmowed spikes of corn are let to be decomposed towards the end of the rainy season that is in Bhadra and Aswin. From this fact it can be inferred that the decomposition of vegetables is the root cause of malaria. This theory can be corroborated in Bengal where most of the land is used for growing paddy and a good system of drainage being impossible due to the net work of railway lines the lands remain saturated with humidity which helps the decomposition of stems of paddy or in other words the spread of malaria.

I say the spread of railway lines is one of the main causes of malaria ; it is a fact and not a theory. Let me cite an instance. Six years ago malaria was unknown in Kandi, my birth place, in the district of Murshidabad, but from the time when the railway between Habra and Barhoa was opened and consequently a mound was constructed over the marshy place

called Hijal, malaria appeared in Kandi for the first time and thence forward its act of devastating the locality has been going on with a tremendous rapidity.

For the act of decomposition of vegetables the oxygen gas is necessary, but unless it is helped by certain amount of heat and humidity it cannot work alone. During the rainy season oxygen of water helps in process of decomposition of vegetables within water but there being no sufficient heat for the evaporation of the foul gas originated thereby, a very little amount of the gas can vitiate the air ; hence we observe very little malaria during the rainy season but just after the rainy season water is evaporated and with it malaria is diffused in the country.

If the human system is affected a little by malaria, a little derangement of health is observed, but if it is more fully affected, even the strongest man becomes subject to this disease. Before the development of paroxysm, nausea, loss of appetite, pain in the limbs, chilly sensation and external heat and other symptoms are observed. When the stages of chillness, heat and sweat pass off, the stage of intermission comes on and the stage beginning from the chillness up to the end of intermission is called the internal stage. According to the duration of this stage this disease is denominated by various names. First of all quotidian or an attack every day has the internal stage extending over 24 hours. Then Tertian or an attack every other day exists 48 hours in its internal stage and Quartan or an

attack every fourth day lasts for 72 hours in its internal stage. Generally these three forms of disease are observed and besides these three forms there are other varied characteristics of malaria fever such as the development of paroxysm twice in every day or the recurring of its attack every week or every year. In our country Quotidian fever prevails much. If this disease is suppressed by the wanton use of Quinine or the misuse of any other drugs, often bad consequences follow. It can be best cured by Homeopathic remedies.

The duration of the stage of paroxysm of the Quotidian fever vary from 8 to 12 hours and of the Tertian fever from 6 to 8 hours and of quartan fever from 4 to 6 hours. The duration of the three stages of the malarious fever is not equal. Sometimes the cold stage is slight and sometimes it prolongs for 4 or 5 hours. The hot stage varies from half an hour to 26 hours and the sweating stage is slight. Sometimes the Quotidian is changed into the Tertian or Quartan fever.

After the sensation of debility and fatigue the cold stage commences and skin contracts, nails, lips and the tip of nose become blue, the patient shivers and suffers from difficulty of breathing sensation of heaviness in the head and the chest and pain of the limbs, and sometimes from nausea and vomiting. During the cold stage the pulse becomes thin and hurried. As the action of heart becomes irregular due to malaria, there rushes too much blood into the other internal organs ; if the rush

be to the head, it causes headache beating the head and drowsiness. During the cold stage the speed of the blood circulation accelerates internally and consequently the action of liver and kidney becomes disordered and complexion becomes pale, limbs weakened, abdomen dropsical, the bowel constipated and the spleen over which the blood acts much becomes enlarged ; moreover if there be misuse of quinine and Arsenic in these cases, other succeeding diseases hasten.

During the hot stage the pulse becomes thick and hurried ; sometimes the patient suffers from nausea and vomiting, headache, thirst, burning sensation all over the body and the coating of tongue is of various colour.

During the sweating stage at first the forehead sweats, then the whole face and by degrees sweat prevails all over the body and the natural state of pulsation is gradually restored.

During the stage of intermission all the disorders pass away, but sometimes headache lingers.

In order to cure this disease by Homeopathic treatment particular attention should be paid to all the symptoms during the stage of paroxysm and intermission and the proper remedy should be selected. Unless it is absolutely necessary to give remedies during the hot stage, remedies should be given during the stage of intermission. The question of dilution, lower or higher, is immaterial ; all that will cure the disease is to select the proper remedy according to the symptoms. Five or six years ago I had been practising in some malaria-stricken province and observed that 3 X, 6 X,

30 or 200 equally effective provided the proper remedy is selected and now, in Calcutta, from the observation of the treatment of my preceptor Dr. Jitendra Nath Majumdar, my former theory is corroborated that dilution is nothing ; the only means of curing a disease is to select the proper remedy.

TREATMENT.

China. When the different stages are distinctly marked ; the cold stage is preceded by thirst, headache and shivering sensation ; there are red face and violent head-ache and no thirst during the hot stage ; prostration during the sweating stage ; weakness, hunger and pain in the liver and spleen during the intermission. China is valuable when after suffering from the malarious fever there are nervous excitement and disorder of stomach ; this remedy restores the health of the patient who suffers from the malarious fever of the chronic order and has got enlargement of the spleen and liver and anæmia. When the cold stage is preceded by thirst but no thirst during the hot or cold stage ; when there is drowsiness during the hot stage ; chills when undressing ; weakening sweating ; thirst during sweating : no fixity of time but generally the attack comes at the daytime ; there is an attack every other day, every week or fortnight ; and when the paroxysm lasts from $\frac{1}{2}$ an hour to one hour, China is the proper remedy. I have cured many chronic fevers attended with debility and when particles of indigested food are found in the stools.

Ipecac. Nausea, vomiting ; disorder of the stomach, furred tongue and other symptoms point to its employment. The remedy destroys the malarious poison and the ill effects of quinine. When the different stages are not clearly marked ; when there is slight cold, and headache and no thirst in the cold stage ; prolonged hot stage and headache, nausea, vomiting during this stage ; and when there are external chilliness and internal heat, and no regularity of the time of attack, *Ipecac* is the proper remedy. The principal symptoms of this remedy are nausea, vomiting, slight sweating and after it disorder of the stomach, sensation of pressure in the chest during the hot stage and consequently difficulty of breathing, cough recurring with fever owing to the irregularity of diet ; bilious diarrhœa accompanied by nausea but no vomiting. These point to its employment.

Nux vom. When the attack commences with great debility of the limbs ; when there is no thirst during the cold stage ; when there are alternate heat and chills, pain in the forehead, headache, nausea, bitter taste in the mouth ; sometimes heat and chill simultaneously, chill when undressing ; thirst ; pain in the loins ; chilliness at a slight movement ; slight sweating ; disorder of the stomach during intermission ; when the attack comes in the morning generally and sometimes in the evening, no appetite, and when there are pain in the spleen and liver, constipation and yellow coating on the tongue, *Nuxvomica* is the proper remedy. I have cured many cases which were

rejected by the Allopaths and Kavirajes as hopeless, simply by using *Nux vomica* observing its proper symptoms. In cases of fever suppressed by quinine, *Nux* gives much relief.

Arsenicum. When the cold stage begins with thirst but thirstlessness precedes the stage and when during the hot stage there are burning sensation, restlessness, prostration, excessive thirst, drinking often but little at a time, and when the paroxysm is developed between 12 to 2 either in the night or during the day, *Arsenic* is the remedy. When the three stages are not distinctly marked, when there is want of cold stage, and hot stage is severer and attended with excessive thirst and burning sensation, and sweating is either slight or profuse, *Arsenic* is employed. When the malarious fever becomes chronic and is suppressed by quinine and the patient has got an enlarged spleen and liver and suffers from sleeplessness, loss of appetite, debility and his body becomes fearfully emaciated, *Arsenic* is specific in this state. One of the symptoms of the fever is that the headache lingers even after remission.

Natrum Mur. Lengthy chills which begin about 10 or 11 A. M., violent headache as if there is hammering in the head and vomiting during the cold stage and partial loss of consciousness during the hot stage; and no suffering during the intermission; enlargement of the spleen and liver; constipation; the fever suppressed by quinine; all these symptoms point to the employment of *Natrum Mur.*

Bryonia. The attack comes in the morning ; pressure in the forehead ; pain in the chest ; dry cough ; pain all over the body ; the pain is aggravated on slight movement of the body ; sweat ; excessive thirst, drinking much at a time ; violent headache, as if the head will burst open ; desire to remain quiet, yellow coating on the tongue ; all the sufferings increase during the attack ; on remission the disorder of the stomach, pain all over the body which is aggravated on movement.

Cedron. Attack begins at 5 or 6 P. M. ; regularity of the time of attack ; want of chill or sweating, headache ; enlargement of the spleen or liver ; anæmia ; attack is accompanied with cold limbs ; chilliness is aggravated on movement ; panting during the hot stage ; Tertian or Quartan fever.

Apis. Attack comes on at 3 P. M. ; thirst during the cold stage ; after the cold stage rash appears on the skin ; chilliness is aggravated on slight movement, no thirst during the sweating stage ; pain in the spleen during the intermission, dropsy of limbs ; scanty urine.

Cina. Patient always uneasy ; voracious appetite ; rubbing of the nose ; the paroxysm is preceded by vomiting of the eaten food ; morbid appetite during the hot stage.

Gelsemium. No thirst during the cold stage ; chill begins from the side of the feet ; coldness of limbs with chills all over the body ; headache ; warmth in the head and face ; during the hot stage thirstlessness ; red face, drowsiness, desire to remain

quiet ; then the profusion of sweat ;—when these symptoms are visible and when the remittent fever is changed into the intermittent type, *Gelsemium* is the proper remedy. One of the symptoms of *Gelsemium* is that the patient shuts his eyes during the paroxysm. If much quinine is not used, *Gelsemium* can cure even chronic fever.

Rhustox. Long-lasting chilliness ; the cold stage is preceded by yawning ; pain all over the body, amelioration on movement ; restlessness ; increase of chills in the evening ; during the hot stage thirst and rash on the skin ; thirst during sweating stage.

Veratrum. Violent chills, thirst during the cold stage ; chills increased on drinking water ; vomiting, looseness of bowels ; the chills appear from the lower extremity ; cold sweat on the forehead ; red face ; thirst during the hot stage ; thirstlessness during the sweating stage ; profuse cold sweat ; debility.

Eupatorium Perfoliatum. Attack every day or every other or every fourth day ; the cold stage is preceded by thirst ; violent chills ; shivering on slight movement, nausea ; biting sensation on back and limbs ; violent shivering ; after chills bilious vomiting ; during the hot stage chills on drinking water ; thirst during the cold and hot stages ; pain in the bone and muscles ; violent headache ; vomiting on drinking water ; just after cold stage bilious vomiting ; these symptoms point to its employment. If the attack comes both in the morning and in the midday, *Eupatorium Perfoliatum* is the remedy. In the sweating

stage all other symptoms vanish, but headache becomes aggravated. Its other symptoms are the desire to eat sour things ; bitter taste of water, no desire for food ; sometimes fever never remits, the patient becomes tired and anemic.

Ignatia. Chronic fever, thirst during the cold stage and thirstlessness during the hot stage, affection of the nervous system. When the chilliness is ameliorated and the heat is aggravated on covering the body and face becomes red during the cold stage, Ignatia is the proper remedy.

Pulsatilla. Misuse of quinine ; uneasiness during the attack ; attack with increasing violence ; constant change of symptoms ; no two attacks are similar ; violent chills ; desire for uncovering during the hot stage : thirstlessness ; drowsiness ; attack comes at 2 or 3 P. M., or in the evening ; sweat on one side of the body ; chronic disease ; disorder of the stomach ; bitter or sour vomiting of phlegm. (To be continued.)

T. B. Mukherji, L. M, S. (Homeo.)

SOME REASONS FOR A BELIEF IN HOMŒOPATHIC PRACTICE.*

THE following cases were reported by Dr. Stephenson at the annual meeting of the New Zealand Homeopathic Association to illustrate the action of

[* We are sure our readers will be interested in Dr. Stephenson's pamphlet prepared at the request of the New Zealand Homœopathic Association.]

medicines according to the law of "Similia Similibus Curantur," or "like cures like."

About half were taken from Institute, the rest from general practice.

Ailments of a chronic character have been generally selected, to better demonstrate the curative action obtainable by these remedies.

This method of treatment has proved to be equally valuable in acute diseases ; thus it has been the happy experience of many homœopathic physicians (including the lecturer) never to have lost a case of measles or whooping cough. In pneumonia and enteric fever recent statistics show a mortality rate less than one-half that given by the usual treatment.

The symptoms in italics show the special indications for the remedy selected.

MR. I. : SENILE GANGRENE. A farmer ; had enjoyed very good health until severe pain and gangrene attacked one foot after exposure to cold and wet. He was five months ill, one toe had been removed ; but the pain and suppuration persisted, and the disease threatened to extend. The patient was becoming weaker, and it was decided by his medical attendants to remove the foot. At this stage he came under homœopathic treatment. After a few days' observation of the case it was noticed that *while one hand was cold, the other was warm*. The *suppuration, weakness, and hectic fever* also pointed to the remedy *Cinchona* or *China* 1m. The effect of its exhibition was remarkable—appetite and sleep returned, the

dead portion of foot separated away and sound healing ensued. For four years the patient has now been in excellent health, and able to attend to his business.

MASTER H. : RHEUMATIC FEVER. A previously healthy boy of fifteen was attacked with severe pains and swelling in the joints, worse in the wrists and elbow and joints. The temperature was high, 103 degrees to 104 degrees ; pulse very weak and rapid. The distress, sleeplessness, and pain were most marked. Symptoms of endocarditis appeared. *Bryonia* and *Aconite* were of no benefit ; but the patient was completely cured by *Spigelia* and *Kalmia*.

About three weeks after recovery from the first attack a relapse took place, the pains were mainly in the left shoulder and left arm ; *pains were wandering*, and again the heart was attacked. *Perspiration, especially of the face*. R : *Animon. Mur.* 3c. Complete and permanent recovery without any cardiac disease ensued.

The relatives were the more impressed with the success of this case, because two weeks before this lad took ill a sister, æt. 12, had died of the heart disease following a similar attack of rheumatic fever under allopathic treatment.

MR. L., æt. 82 : ACID DYSPEPSIA. The food sours on his stomach with severe *burning pain*. He gets no relief until he vomits. He has had indigestion for forty years, and lives on arrowroot and a little porridge. For constipation takes salts and patent medicines. Stomach was dilated with splashings of

fluids. R : *Lycopod.* with no result. He was then given *Natrum Carb.* 3m. and *Conium* 6c., and reported two weeks later, "Much better in every way ; no heartburn and no vomiting for two weeks."

MISS McC. : GASTRIC ULCER for six months under two medical men. Is very pale, dark complexion ; losing weight. Hot, burning pain in epigastrium, extends to back, worse leaning forward. Vomits if she eats. Tongue red with white fur. One medical man told her that she had been overdosed with iron, which had taken off the coating of the stomach. Takes baking soda. Generally worse after 4 p. m. *Nux* 200, *Lycopodium* 200 and *Ferrum* 1m. were the chief agents in her cure, which has lasted now over a year.

MR. W. : DYSENTERY. Very severe attacks every few months. He is elderly, and the trouble causes weakness and prostration. The diarrhoea is worse at night and is painless. Worse after a meal or from fruit. R : *China* or *Cinchona*, with prompt relief every time.

MR. T., æt. 57 : GALLSTONES. He had been advised by another medical man that an operation was necessary. He had flatulent dyspepsia five years. For some months slight jaundice with pains in right side and under the left shoulder. He is worse in cold weather and better from heat. Right hand colder than left. *Chelidonium* 200 for some weeks and later *Lycopodium* cured.

(To be continued.)

—The Homœopathic World.

THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

"The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine."

—HAHNEMANN.

VOL. XXV.]

DECEMBER, 1916.

[No 12.

SYPHILIS.

Syphilis affects the human system in such a variety of ways in its primary, secondary and tertiary manifestations and the discoveries of the Spirochæte pallida and the Wassermann Reactions have thrown such a flood of light on the pathology and symptomatology of this disease that it is well worth our while studying the subject, particularly the treatment of the malady from the homeopathic standpoint. With the dominant school, mercury and the iodides held the sway in spite of their many faults and evil effects until the advent of Salvarsan and the allied preparations of Arsenobenzol which revolutionized the world for a time.

The stages of syphilis have been divided into the primary period which embraces the period between the initial infection and the first constitutional manifestations, which is approximately about six to eight weeks,

the secondary period which varies in duration from one to two years, during which time the skin, the mucous membranes and the lymphatic glands are affected, and the tertiary period which lasts almost indefinitely and affects the deeper structures, the internal organs as well as the skin and the mucous membranes. In fact no tissue or organ is immune to its evil effects. This scourge of civilisation spares no body.

I have of late tried to test the efficacy of homeopathic medicines with the Wassermann Reactions. I have made complete cures that is where a positive eight-tenth has given a negative reaction after ten months' treatment with Hepar sulph, Acid Nitric and the allied remedies, but I must say that personally I do not think this case to be completely cured yet and I am continuing the treatment still, for according to the Hahnemannian idea, the totality of the symptoms must be removed before we can declare the case to be completely cured ; but in this case the man has many symptoms that must be removed before I can declare him cured.

I have another case in hand where a positive ten by ten has been reduced to six-tenth within ten weeks. I mean to observe other cases similarly wherever possible.

Now I will conclude this paper by mentioning a few of the more well-tried and useful remedies. In the primary stage with the initial sore and the indurated bubo, I find Mercurius sol. 6 most efficacious. Failing I try the Corrosivus or the iodide. For antidoting

the effects of mercury with the syphilis, Hepar sulph I find most useful. Acid Nitric also is very efficacious, provided the symptoms are there. If there is much burning we think of Arsenic or Sulph, both in the higher potencies.

In the secondary stages Arsenic, Argentum nitricum, Hepar sulph, Acid Fluoric and Kali iod are the best. If syphilis is complicated with gonorrhœa, we think of Thuja.

Cinnabaris is very handy in such cases particularly if the eyes are involved.

In the tertiary stage Hepar Sulph, Acid Nitric, Cinnabaris, Kali iodide, Aurum met, Stillingia, Meze-reum, Phytolacca and Thuja may be used. Sometimes Lueticum is used with advantage, particularly if there is much agonising pain with it. Only lately one single dose of Lueticum did wonders in a case of syphilitic gumma in the brain.

J. N. M.

SOME REASONS FOR A BELIEF IN HOMŒOPATHIC PRACTICE.

(Continued from page 352, No. 11, Vol. XXV.)

MR. S., æt. 42 : CHOLECYSTITIS JAUNDICE — gallstone colic. Flatulent dyspepsia for years. Is very chilly, cold hands. Can eat very little ; no vegetables, potatoes or meat for six months. Operation advised but declined. Cured with *Chelidonium* and later *Lycopodium*. The cure holds good now for six years.

MR. R. : TYPHOID FEVER. Cerebral type with high fever, sleeplessness, and delirium. In third week the temperature was still high and the patient exhausted with weak, irregular heart, and the prognosis was unfavourable. Dr. H. D. Mackenzie was then called in, and administered *Rhus Tox.* 1m. In twenty-four hours the temperature fell two degrees, and the crisis was past. *Phosphoric acid* was required for debility at a later stage.

MR. A. : NEURASTHENIA. Manager of a large business, and has overworked for years. *Must be busy*, can't rest. *Empty, hollow feeling* as if everything below diaphragm would drop out. Has had several weeks' holiday and other medical treatment without benefit. R : *Lilium Tig.*

MR. W. : MELANCHOLIA. Tall, fair, middle-aged. Has worried and worked overtime at business. *Mind confused with delusions that his children were ill*, that his wife was out of her mind, that his *business was ruined*. *Cold, damp feet*. Some years before was treated in a mental hospital. *Calcarca Carb.* 200 cured, and no return to date, six years.

MR. B. : MELANCHOLIA. Sadness, with weeping ; loss of all self-confidence. *Would sit alone* and make grimaces. *Avoided his friends*. A knock at the door would send him into a panic thinking someone was coming to take him to an asylum. R *Parvula C.* 200, with complete recovery in two to three months.

MISS D. : MELANCHOLY AND SUICIDAL. Family history of mental disease. The suicide of one brother

had helped to unbalance her reason. Unable to describe her feelings ; she could only weep when spoken to. So confused, she could only with the greatest difficulty write a few sentences. *Thuja*, *Scpia*, and later *Baryta Carb.* completely cured.

MR. J., æt. 30 : APPENDICITIS. Recurrent attacks. Operation advised but declined. He is chilly, worse wet weather or exposure to cold. *Rhus. Tox.*, *Bryonia*, and later *Sulphur* cured.

MISS W. : APPENDICITIS. Ailing for three months. Has become thin ; pain constant ; operation declined ; fever slight. Has long had a reddish leucorrhœa. R : *Nitric Acid* 1m, with permanent recovery, which was so speedy, she was back to her work as teacher in three weeks.

MR. L., æt. 44 : CHRONIC APPENDICITIS. For several years has been invalided at occasional intervals, with attacks of pain in the right lower abdomen. Pain very severe ; is often laid up with it for three weeks at a time. Constipation, flatulence, fullness after eating. Mental *confusion, makes mistakes in writing and spelling.* R : *Lycopodium*, which, repeated at suitable intervals and in various dilutions, has, as he said, "made a new man of him." He is now able to work and enjoy life.

MISS R. : æt. 51 : MAMMARY TUMOUR. Has for a month had a fairly large tumour of the right breast, Came after using *Iodine* for a goitre ; has a sensation of trembling *in abdomen*. Nausea mornings, breast painful. R : *Nux.* 200, then *Conium* 200, which

cured the lump in six weeks, with a mild return of an old asthma and headache.

MRS. W. ; MAMMARY TUMOUR. Middle-age. Is alarmed about a tumour of left breast, the size of a small orange. For some time has been very nervous *e. g.*, fear of a crowd, fear of going mad, fear to meet strangers, fear and vertigo on going to church. R : *Phosphorus* 200, which cured the lump in one month, and later, in higher dilutions, removed the phobias.

MRS. A. : MAMMARY TUMOUR. Middle-aged, active, and busy woman ; spare build ; tumour on breast the size of small orange for some months. Has been told it must be operated on. Advised delay, and gave *Phytolacca* 3x., which cured, and patient remained well two years later.

MR. M. : VARICOSE VEINS. Railway porter, but had to give up work on account of very large varicose veins of both thighs and legs. Had operation seven years ago, but was worse than ever. He is *chilly, feet cold, with offensive perspiration*. Very leg weary, only feels fit to lie down. *Silica* 200 and higher dilutions restored him to health and to work.

Three years later he called to say he had been steadily at work as a gardener ; he now wished to know if he can go to the war !

MRS. B. : CALLOUS ULCER. *Æt.* 47 ; fair, slim, pale and worn-looking. Very painful ulcer lower left leg for eleven years. Began with white swelling of the leg after confinement. Pain prevents sleep at night

unless she uses Cocaine Ointment, which was given her at a general hospital ; they also told her that the ulcer was callous and incurable. A few small varicose veins. R : *Lachesis* 200, which cured her of pain and restored her sleep almost at once. In two weeks the ulcer was half the size ; in four weeks it was healed, and has been well for a year. She continued doing her own housework during treatment. She says that for eight years before getting this medicine she has never been able to walk on the left heel, but has put all her weight in walking on the fore part of the foot.

MRS. S. : VARICOSE ECZEMA. She had for years been bad with large varicose veins of the leg, and scabby, scaly eczema of the *dorsum of foot* and heel. Foot and ankle so swollen and painful she was unable to put on a boot. *Averse hot weather. She nearly chokes at night with flatulence. Natrum Carb.* 200. speedily relieved.

MRS. M. : VARICOSE ULCER of leg for two years, painful, and *worse after resting*. She is a brunette, very pale, with dark circles round eyes. Had white swelling of leg after confinement six years ago. *Sepia* and later *Sulphur* have brought great relief and general as well as local improvement.

MRS. McL. Has three large ULCERS of the right leg and ankle. The latter are very swollen and red. Trouble began eight years ago with white swelling and phlebitis. She had varicose veins when in her teens. She is *worse from heat*, and puts the leg and foot out of bed half the night. *Headaches on waking*

since she had anæmia ten years ago. For seven months has been under the action of *Natrum Mur.*, with steady local and general improvement.

In this and the other cases given the patients did not rest, but went about as usual.

NURSE B. : WHITLOW for two months, during which she has applied *Biniiodide of mercury* lotions on advice of a surgeon. The finger is sore and inflamed with the strength of the lotion, but the whitlow and the germs flourish unchecked. It is *very tender to touch*. She is *chilly*, likes heat, desire for pickles. *R* : *Hepar Sulph.* 200, which cured.

MR. J., farmer : POISONED WOUND of hand. In handling bales of hay an end of wire was driven through the palm of hand. Hand was swollen with inflammation, redness and shooting pain running up arm. *R* : *Hypericum* 200 with hot-bath cured.

MR. W., farmer : LUPUS ERYTHEMATOSUS OF THE FACE. *Tuberculin* (Burnett) cured, Ten years later his wife came with Lupus on the tip of nose. It had been treated for weeks with X-ray, etc. No result. *Tuberculin* 20m. (Burnett) cured in three weeks.

MR. R., æt. 55 : HARD, MALIGNANT ULCER of lower lip for nine months. Food tastes salty : was a heavy smoker : health good otherwise. Under *Scpia* 200 and higher dilutions the hardness, soreness and ulcer slowly went, and nine months later lip was healthy,

MRS. R. : DEAFNESS OF LEFT EAR. Faint and empty at 11 A M. Had erysipelas of face and ear

years ago ; when it got better the deafness followed. R : *Sulphur* 200, which did good and relieved piles. Then R *Causticum* and later *Sulphur* 55m. After this erysipelatous inflammation about the face re-appeared temporarily, and the deafness and other symptoms were cured.

MISS W. : NEURALGIA AND TOOTHACHE so, severe that she has had no rest or sleep for two days and nights, and she behaves as if distracted. *Desires to hold very cold water in mouth.* R : *Coffea* 1m., with immediate relief.

MR. L. : NEURASTHENIA. Family history of insanity. Has insomnia : noises in head ; cold shiver down spine, which is sensitive. Desires heat and warmth. Starting of limbs ; loss of weight ; very nervous. For six months has taken some patent medicine for catarrh of stomach and throat. He was cured permanently by *Silica* 200 and higher dilutions in infrequent doses.

MRS. M. : NEURASTHENIA for a year or more. Fear to be alone ; *fear something will happen ; fear of heart disease* ; pulse is 120 and palpitation very bad at night ; little sleep, has become thin ; is chilly. She was treated for three months with no benefit ; then R : *Calc. carb.* 200, and later higher dilutions with prompt benefit and gradual complete recovery.

MISS F. : GOITRE for four years, chiefly right side. Very large, extending out to a level with the lower jaw. *Æt.* 15 years. She is pale-faced with brown spots. Vomiting with severe headaches, with pains in

eyes as if they would be pressed out. *Sulphur* and *Tuberculin* did no good. *Sepia* cured in a few months. A year later no return.

MISS G., æt. twenty-five : GOITRE, small. Wakens at night with a feeling as if a string were tied round neck. Can't wear a collar. *Lachesis* cured at once and permanently.

MISS E. : GOITRE, right-sided. Cold feet and flushes of heat to the face. R : *Sepia*, with speedy cure.

MRS. H., æt. seventy-two : Large, hard GOITRE for twenty-five years. It is getting worse and growing larger lately. The pressure on the trachea affects the breathing and is very distressing. Throat feels dry, food seems to choke her. Worse damp weather. *Spongia* 1m. gave prompt relief, and in three months the goitre was reduced by one-half.

MRS. E. : Severe ECZEMA with constant discharge for three months. Face, hands, and wrists chiefly affected, and are red like raw beef, with pain and itching. She gets too hot in bed, the feet burn. Faint and empty if she has to wait for a meal. R : *Sulphur* 200, and two months later for a slight return the same remedy in a higher dilution.

GLADYS F., child æt. five years : ECZEMA CAPITIS. Yellow crusts over head and behind ears. Ravenous appetite. *Sulphur*, *Hepar sulphur*, *Tuberculin*, and *Psorinum* have permanently cured.

MISS D. : ECZEMA, with crusts and scales forehead and ears for three years. Itching worse when warm.

At 11 A. M. empty faint feeling, better eating. Clammy perspiration of hands. Sulphur did good, but Calcarea sulphur was required later.

MISS. R. : ACNE ROSACEA. Old-standing and severe. It looks as if she had a red Guy Fawkes mask across the lower half of face and the nose, with yellow pustules dotted about. Very painful menses. *Thuja* 200 and higher potencies gradually cleared up the acne and improved the health otherwise.

MISS P., æt. twenty-three : NEURASTHENIA for a year. She became very nervous with unreasonable feelings of remorse and despair. She looks miserable, and says she has a guilty feeling as if she has done something dreadful, such as a murder. Weeping without cause. Previously a bright, active girl, she had become unfit for work; yet must be on the move; can't rest or sleep. She used to practise masturbation. After the failure of *Arsenicum* and *Aurum* she was promptly cured by *Pulsatilla* 200.

MRS. B. : NEURASTHENIA. Palpitation, with feeling of lump in throat seems to choke her. At menses, which are late and scanty, she is apt to get silly; *thoughts dwell on one subject*. Is worse warm weather. Desires salt. Sensation of *cold water up and down back*. Sleepless. She was under the action of *Pulsatilla* in various dilutions, and, later, of *Natrum Mur.* for about two years at intervals, and is now in splendid health.

MISS. B, æt. 23 : DYSMENORRHÆA. Since fourteen has suffered greatly at menses. Pains are tearing and

extend to rectum. Pain is so severe that she has been getting an injection of morphia every month. *Sulphur* 200 brought out an itching eruption, with complete relief of all her symptoms at the next period.

MISS A., æt. 20 ; DYSMENORRŒA. Every month the intense pain *doubles her up* and causes vomiting ; *craving for sour things.* Constipation ; used to have *burning soles of feet.* *Veratrum alb.*, and later *Sulphur* completely cured.

ELSIE L., æt. eight : OSTEOMYELITIS. The diagnosis was made in a general hospital where she has been through several operations without benefit. The bone of left upper arm is affected, painful, swollen, suppurating through severe sinuses. She is pale, excitable, and talkative ; pain arm is worse at night ; cracked nostrils ; warm-blooded ; desires company, R : *Aurum met.* 200. Several pieces of dead bone came away ; the arm came back to its normal size and gradually healed. *Nitric Acid* was also required.

MISS C. : CHRONIC FIBROID PHTHISIS. Very thin ; has been ill six years ; was a dressmaker. Cavitation and pleurisy, with loud grating sounds both lungs. Side very painful, *has to hold it.* *Feels better when lying still on her back.* R : *Bryonia* 200 with prompt and general amelioration.

MR. A., æt. 19 : PHTHISIS. Tall, thin, cadaverous ; hunted hare look. Unfavourable type with rapid, weak pulse (120). No appetite, poor digestion. Hectic fever, at times inverse temperature. Had lost during the month prior to treatment at Nordrach

Sanatorium. Flagstaff, one stone in weight. Under open-air conditions the loss of weight was checked, otherwise no improvement, and prognosis was serious until he was given *Kali carb.* 1m. He then began to gain 1lb. to 2lb. a week in weight, until he was two stone heavier. He has been quite strong and well now for ten years.

MISS R. : ASTHMA. Attacks are worse from 3 to 6 A. M. which she spends sitting up in bed. *Sycotic family history*. According to her symptoms she was treated with *Sepia*, *Thuja*, *Medorrhinum*, and other remedies with complete success, having been now free from asthma for six years.

MR. T.. ALBUMINURIA, with occasional hæmaturia and casts : backache, and easily fatigued. After eighteen months' treatment with *Thuja* 200 and higher dilutions he has been free from above troubles for over a year with good general health.

MRS. W. : CHRONIC BRONCHITIS AND ASTHMA, with weak heart. She is elderly, and has been practically bed-ridden for years. Gradual improvement under *Arsenicum*, *Conium* and *Sulphur*.

WILLIE W. : æt. nine : EPILEPTIC CONVULSIONS during sleep since four years of age. Moaning in sleep and jerking of limbs. He also grinds his teeth. *When younger used to lie on face and knees.* R : *Medorrhinum* 1m., with complete recovery.

MR. D. : BOILS of neck. He is a middle-aged professional man, and has had crops of boils on back of neck for several years. He is fair, is *very warm*, never

feels the cold. Previous health very good. *Sulphur* 55m., repeated when required, completed a permanent cure in about three months.

MISS E. : CLAW NAIL. This lady had had a finger badly affected by ringworm when a child. The nail became diseased, and has for many years been disfigured, growing claw-shaped, and giving constant annoyance from its interference with sewing and other work. A surgeon had performed an operation with no benefit. The family history was tubercular, and she was given *Tuberculin* 20m (Burnett) in infrequent doses. In a few weeks a healthy nail grew in and the cure was permanent.

MRS. E. : LARYNGEAL PHTHISIS with pulmonary disease was contracted while nursing a daughter who died of the same trouble. 'Her case was hopeless. Intense dysphagia on swallowing, insufflations of *Orthoform*, *Morphia* and *Cocaine* were necessary to enable her to swallow a mouthful of nourishment. Still the *constant burning pain* in the throat and larynx was terrible and constant. *Cantharides* in high dilution was then given, and brought such relief that the terrible burning pain ceased, the acute inflammation of the larynx subsided, and she died three weeks later in comparative ease. After getting the *Cantharides* she refused the *Morphia*, etc.

For BURNS AND SCALDS *Cantharides*, or a blistering fluid, is a frequently used remedy. Add ten drops of the tincture to a cupful of water and bathe the part affected. It will remove the pain, promote healing,

and, if used in time, will stop blistering. *Cantharides* causes burning pain and vesication of the skin, hence its curative relation to scalds and burns is obvious.

—*The Homeopathic World.*

A CONSIDERATION OF SOME MATTERS RELATING TO DIET IN HEALTH AND DISEASE*

By CLARENCE BARTLETT, M. D., Philadelphia, Pa.

The present widespread interest in matters pertaining to diet is not of recent growth. For half a century, possibly more, the profession has taken a lively interest in the subject as evidenced by the great popularity of technical literature on food and disease, the publication of diet charts, and the many dietetic preparations exploited in the medical periodicals. The laity likewise has evidenced an interest, and are ever ready to read various newspaper articles as well as certain text-books on "what to eat and why."

Having been an industrious student of most of this medical literature and noting the many inconsistencies which we are asked to accept as medical gospel, it occurred to me that the time would be profitably spent if I were to invite you to consider with me some questions relating to the dietetic management of disease, and incidentally as having some bearing thereon, the dietetics of health.

* Read before the American Institute of Homœopathy, June 28, 1916, and published by request simultaneously in the *New Eng. Med. Gazette.*

First let me pay my respects to a certain class of proprietary foods. Those that are good can with but few exceptions be duplicated for all practical purposes by the majority of housewives and nurses, and are permissible when home manufacture is rendered impossible by conditions. There are others, however, that have attained great commercial success by reason of the endorsement of physicians. Among this list we find sweetened alcohol and water, ground up cottage cheese, mutton fat and stale eggs, *alleged* beef extracts etc., etc. Their widespread use in sick rooms is a sad testimonial of the gullibility of a certain class of the medical profession. The last few years have developed a healthy skepticism even among these doctors, and foods of questionable merit now find a limited market in professional circles. The manufacturers therefore go boldly to the public, which, as in the days of Barnum, still loves to be humbugged, not only by the preparations themselves, but by the false statements found in the literature extolling the same. It is a safe rule of practice to insist that with but few exceptions, the sick shall be fed on the products of the home kitchen.

A regulation of diet presupposes that there is something in the patient's eating habits requiring correction. The error may reside in the nature, quality or quantity of food consumed, the time spent in eating the same, regularity in attendance upon meals and manner of cooking. This discovered and eliminated, it is seldom that one need go further in interfering with the

patient's previous habits. Unfortunately it is not always an easy matter to discover the truth. Patients are only too ready to give themselves good references. To determine the actual state of affairs, it has been my custom for many years to request patients to bring to me for review an itemized list (covering the period of one week) of articles and their quantities and methods of preparation taken at the various meals, the hours of eating, and the time occupied. As a result I have gleaned information diametrically opposed to the statements made to me when taking the initial anamnesis of the case. Patients who claimed to have good appetites confessed in writing to a quantity that was good for but bare subsistence ; others presumably delicate, admitted the consumption of quantities that would tax one's credulity. Some admitted eating at very irregular hours, others bolted their food, some rushed to the table tired from physical exhaustion or mental excitement, and still others rested not a minute, but hastened back to work still masticating the last morsel of their meals. My system has enabled me to get a prompt line on errors of diet, etc., and by their prompt elimination, effect a speedy cure.

Whether sick or well, man must be given sufficient to maintain his nutrition. In the course of acute diseases, this injunction has no place, because the primal indication is rest of the digestive apparatus. A few days' abstinence fulfils the indication and does no harm. In chronic disease, the problem is a more difficult one, because while combating an illness, the

patient's general condition must be kept at the highest possible standard. Many of us incline to the line of least resistance and after a few words of advice, permit patients to follow their own inclinations in the selection of foods, remarking that each one knows the failings of his own stomach, or the needs of his own system. This does not always hold good, as most of us can testify by experience. For example, a certain gentleman made it his boast that for well nigh to forty years, he has had beefsteak for breakfast and roast beef for dinner every day, and claimed to be wonderfully robust. Finally he weakened, and his blood pressure became high. He refused to recognize the warnings until an apoplectic seizure appeared. Then he repented and reformed. He now partakes of less meat and more vegetables. That he lived in good health as long as he did is more of a compliment to his elegant constitution than it is a testimonial of an intemperate beef regimen. On the other extreme, we have the vegetarians, who make their diet their religion. As with the roast beef eater, it is simply a question of the constitution's ability to withstand the strain of a one-sided diet. Sooner or later, most of them weaken prematurely, while others do not attain the highest type of mental and physical vigor of which they are capable.

The mere fact that some people under the restricted regimen live on and are healthy does not establish the fact that all people can do the same with identical results. We are wise, I believe, if we accept the prevalent doctrine that the best possible mental and

physical health is secured by a mixed diet into which all the elements of nutrition enter. The proportion of proteids, carbohydrates, and hydrocarbons of said mixed diet are likely to vary with the physiological demands of the individual based upon his idiosyncrasies and the character of work which he is called upon to perform. Unfortunately there is no way of determining *a priori* what the relative proportions of these elements of nutrition shall be, and we are forced to rely upon experimentation and results.

As with medicines, diet should be ordered with a logical end in view and upon definite indications. It is not sufficient to prescribe empirically, and it is always wise to ask ourselves just as we would if we were advising a surgical operation, what we hope to accomplish and does the end justify the means. Let us take a case of cholelithiasis or cholecystitis for example. Time after time have many of us relieved—we are opinionated enough to call it “cured”—gall bladder dyspepsia. We individualize our cases carefully, and by a combination of diet, rest and medication, there is a temporary clinical recovery. Sometimes there is no recurrence, but we are never assured of this happy result in advance. In the majority there is a relapse, after a long interval it may be, but the relapse comes nevertheless. Each one of these returns is attended or succeeded by certain pathological changes in the gall bladder and adjacent structures, until finally that particular portion of the body is but a mass of scar tissue and entanglement of organs making

surgical intervention an extra-hazardous procedure. Then we have forced upon us the conclusion that we have erred in not advising in the beginning what is now recognized as a perfectly safe operation when undertaken early. Results of palliative or so-called conservative treatment may be even more disastrous in that the long-continued irritation may result in malignant disease of the biliary apparatus. We should not then resort to palliative treatment by diet any more than we would by analgesics when prompt radical measures offer a reasonable prospect for a cure. It is poor consolation to be able to say, when viewing the widespread changes at autopsy, "Just see to what an extent my therapeutics carried the patient before he succumbed." Do not understand me for one minute as against advising conservative or temporizing measures for the first seizure, but having given the necessary relief, I must insist that it is good advice that one make sure by repeated examinations that the recovery is real and not apparent.

What has just been said respecting gall bladder disease applies with equal force to gastric ulcer. For this malady we have two plans of general medical treatment advised, each one based upon sound reasoning, and each succeeded by good results. One is the Lenhartz diet, and the other is known as general and visceral rest. Notwithstanding their value, relapses occur in the majority of cases. Some of these are due to carelessness on the part of the patient ; some are relapses in name only, because treatment never accomplished

anything more than clinical recovery, the anatomical changes having proceeded without interruption. The ulceration may have progressed, or there may have been actual healing but the cicatrization is succeeded by such natural processes as perigastric adhesions, hour glass stomach, stenosed pylorus, or carcinoma. We may excuse the return of symptoms as we may, but we cannot make out of the case anything better than a relapse which must be managed or treated as such. I would always counsel medical and dietetic treatment as the first choice in the absence of definite indications to the contrary in all cases of gastric ulcer ; I might pursue the same course with the first relapse, but a second return of symptoms means that in all loyalty to the patient, the surgeon and not the physician should act. If, as often happens, nutrition is badly undermined by the mechanical interference with gastric function, a diet which will force nutrition, administered through the tube if need be, is necessary. This diet must be one of high caloric value. Starting the day with a lavage, followed immediately by the administration per tube of two ounces of olive oil, and this again by a mixture of 8 ounces of milk, 2 eggs, and 1 ounce of sugar, the total meal representing 960 calories. The egg, milk and sugar mixture may be administered at 3 to 4 hour intervals through the day by the mouth. If it is desired to vary the diet somewhat, the mechanical difficulty must be borne in mind. Any substitute food must be finely comminuted, and of a highly nutritious character.

A very large proportion of the dyspepsias originate elsewhere than in the gastro-intestinal tract, and must be treated according to causal indications. Notable among these are the indigestions due to chronic appendicitis, gall bladder disease, cardiac inadequacy, tuberculosis, syphilis, gout, etc., etc. I have already paid my respects in part to gall bladder disease. The subject is sufficiently important to demand additional remarks. The difficulty in their early recognition in the past originated in our false conception of their clinical results at the time of their inception. It is now antiquated to wait for paroxysms of biliary colic or acute or virulent cholecystitis before establishing the diagnosis. We recognise that gall bladder patients now uncommonly suffer from what was formerly accepted as a harmless dyspepsia, the chief manifestation of which is flatulence or gas. We administered drugs to check fermentation or to aid in the expulsion of gas : we prescribed a diet that would not ferment. We amused the patient, won his admiration for our astuteness, and nature was good, and the symptoms disappeared for a time. In the end, the surgeon claimed his own. Fat, fair, forty and flatulent is not a bad symptomatic quartet for the early diagnosis of the gall stone disease.

If cases of gall bladder disease are to be treated medically, the pathology must be kept in mind. Formerly, it was the custom in cases of cholelithiasis to prescribe foods to limit cholesterol formations. This is admitted in scientific circles to be a fallacy.

In the first place, all calculi are not of the cholesterin variety ; and in the second place, their formation is dependent not upon metabolic errors, but upon infection. It follows then that the proper dietetic treatment of gall bladder disease is that which builds up the defensive mechanism of the system, thus diminishing the chances of local infection. Of course, any diet designed to get rid of gall stones already existent is a manifest absurdity. *(To be continued.)*

Clinical Records.

P. C. MAJUMDAR, M. D.

I,

A young Mohamedan lady, married and mother of four children, one after the other born in quick succession, suffered greatly from various chronic complaints since a year after the birth of her last child. I was consulted in August, 1914, after she had gone through allopathic and Hakimi treatment for a length of time.

Looks haggard and anæmic, face waxy. Pulse feeble and frequent with anæmic thrill. Palpitation of heart at the least movement. Digestion feeble and attended with many complaints, such as, no appetite proper but liking for indigestible and out of the way food. Oppression after least food or drink. Considerable flatulence with gurling sound in abdomen and much flatus escaped. Generally constipation, with occasional diarrhoea and burning in stomach. Stools either hard

black balls or large masses causing cracks in anni ; or semisolid and of clay color.

No menses for about a year, Leucorrhœa thin and watery, glistening and sticky.

Nux vomica and Pulsatilla had been tried by a previous physician with not much benefit.

I gave her Alumina 30, three times a day, with some amelioration. *It was followed by a few doses of Alumina 200 which effected a cure.

II.

Babu R—an aged Marwari, suffered from pain in chest, cough and difficulty in breathing. Bowels were loose and stools mixed with mucus and much flatulence. He was anæmic and greatly prostrated. No desire for food and all things tasted bad, some heart-burn and acidity.

On percussion dullness was heard over the right upper chest and the patient complained of pain over that part. On auscultation sonorous and mucous rales were audible over the entire right chest and more so on the tender parts. Breathing very much embarrassed. Any movement caused an aggravation of the pain and dyspnœa.

I came in consultation with a young physician who gave Nux vom. 30 three times a day.

No medicine the next day and the temperature rose to 104 F. It was all along from 101 to 99½ F. Moved about four times a day, loose and greenish. On the 4th January last a dose of Antim crud 30 was given every 6 hours.

Better in many respects, especially diarrhoea, cough and dyspnoea. No medicine to-day.

6th January. Placebo. But the patient is very much exhausted and there is complete disinclination for food ; urine high colored and loaded with brick-dust sediment.

7th. A dose of Lycopod. 200, which had a charming effect. No fever, chest better, diarrhoea almost gone. He recovered slowly.

III.

A rich Zemindar, middle-aged, robust and of firm fibres, had an attack of hæmorrhage from a small pimple on the edge of the right side of his tongue.

Blood was bright red and very copious, about a cupful each time, three or four times a day ; small quantity almost the whole day. He said it was from catching cold in the train.

Allopathic doctors of good reputation were consulted and they applied various methods and medicines without any effect. They wanted to inject something stronger than emetine which they injected previously. This stronger medicine frightened the noble man and he consulted me. After thoroughly going over the case, I prescribed *Erigeron* 3x every 4 hours. This had the desired effect. It reduced the hæmorrhage to a great extent and he was greatly pacified in mind. Took nourishment well. In the evening I saw there was a clot formed at the mouth of the pimple. I did

not disturb it and gave a few doses of Placebo mixture three times a day.

Next day the clot was removed probably by the force of food but no bleeding, only a small ulcer, thick elevated and angry looking, was observed. Nitric acid 30, twice daily, for two days and everything was all right.

IV.

A robust and healthy looking Mahomedan young man came to consult me about his dyspepsia. The peculiar pain and gurgling sensation in the left side of his abdomen just below the spleen had been giving him much trouble from a long time. Besides he had much flatulencce and constipation—stools being hard and expelled with great difficulty. Not much appetite and he could not relish his food well. *Cocculus* 200 gave him a good deal of relief, when suddenly he got cough and cold. Cough was very troublesome day and night. *Bryonia* 200 gave him no relief. *Sticta Pulm* 6x did him a lot of good. But that peculiar sensation in abdomen was increased.

Psorinum, 400, one dose, followed by placebo for two days. Bowels better but no relief of wind.

Raphanus sat 6x. He passed urine better than before and gurgling sensation was much less.

Placebo, one dose morning and evening, for three days. He was better in all respects. His constipation was almost gone, no accumulation of flatulence any more and he was nearly cured. He looked cheerful also

when he left for home which was in an up-country station. He was of a melancholic nature before and his former physicians (allopaths) told him that it was no disease but his hobby.

NATRUM CARBONICUM.

It is a very useful remedy, proved by such profound observers as Hahnemann, Hering and others. Though it has been very well proved, it has been employed very little for clinical purposes by the homeopathic profession.

Farrington says of it "in our practice the drug claims a high place, being something of a polychrest." Natrum carb or carbonate of soda has been very much abused by the allopathic physicians generally. Those who suffer from acidity and heart-burn take it as a routine medicine because it gives them temporary relief from pain and suffering. But its habitual use in this position produces or tends to produce colic and calculi either in the liver or bladder.

Natrum carb is a sad remedy—the patient is anxious and is always of a melancholic disposition. Loss of memory, inactivity to perform any mental work. It causes worry of mind and bad headache. Aggravation of all complaints is from heat, from hot sun, from being overheated in any other way, and in a warm heated room.

I cured an elderly gentleman two years ago, who was otherwise healthy but suffered often from diarrhoea,

from April to August, every year. The heat of the sun caused diarrhoea, stools yellow, watery, pouring in gushes without much pain. I tried Croton, Podophyllum &c. without much benefit. At last I gave Natrum carb first in the 30th and subsequently in the 200th potency and it cured him at once and there was no relapse last summer.

There is also aggravation from cold. If a person is exposed to cold wind or remains in wet cloths for some time, he is sure to get coryza and here Natrum carb is one of our great remedies. In acute coryza with running from the nose, and violent sneezing which is aggravated from the slightest draft of cold wind or even when undressing. Profuse discharge of watery fluid in the daytime and stoppage of nose at night. With the catarrh there is loss of smell and taste. I have cured some very bad cases of catarrh of the nose with this remedy in the 30th potency. Very close analogue of Natrum carb in its sphere of coryza is Sticta Pulm, but there you have cough accompanying or following the nasal catarrh and there is utter dryness of the nose in Sticta. We often use it in the homeopathic way in cases of acid dyspepsia. I say by homeopathic way as the allopathic doctors and public generally take it as an anti-acid and for temporary palliation. Sour eructations, and heart-burn and waterbrash especially after fat foods. Hering says "indigestion from vegetable diet, particularly starchy foods. In reference to sensation of goneness in the stomach or abdomen, that this remedy has, it is noticed about 10 or 11 A. M. and is better after eating."

I cured a gentleman who suffered long from this kind of acid dyspepsia with occasional doses of Natrum carb 200. He could not take chappaties, puris and sweet meats at all. These aggravated his suffering very greatly and in order to get relief he used to take some other kind of food, even swallowing of water caused amelioration. He had burning in stomach and esophagus from morning till his breakfast at 12 noon. Sometimes before his actual breakfast, he had to take something to relieve his pain in stomach.

This kind of dyspepsia is often associated with mental depression, palpitation and violent beating of heart. Here also Natrum c. is our sheet anchor.

Many people suffer from diarrhœa after drinking milk. Milk disagrees with them. We see its marvellous effect in such cases of diarrhœa, and the patient can take milk with ease after taking Natrum c. Sulphur, Pulsat and others have similar modality. The following symptoms are important in diarrhœa of Natrum c, viz. stools watery and acid smelling, worse after eating and especially from drinking milk. There is sudden urging with gushing expulsion, preceded by cutting pain in the abdomen and followed by burning and soreness in anus and great weakness and sinking in hypogastrium. Here it resembles Aloes very much.

Some peculiar sensations and symptoms are observed in the lower extremities. Weakness of ankles, pain in tendo-Achillis and soreness of the soles of the feet with swelling. Coldness of the feet is a prominent

symptom of *Natrum c.* We have very little experience of these symptoms in the lower extremities but such an authority as Dr. Nash had experience of it in this direction. We have to take it with confidence. He says, "I cured a very bad case in a youngman who was very fleshy and walked on the inside of his ankles, feet bending outward ; from such weakness, his ankles refusing to support him, especially when a little overfatigued."

I generally use *Natrum c.* in the higher potencies, 200 and upwards. But sometimes 30th may be of efficacy.

P. C. Majumdar, M. D.

PITUITARY EXTRACT IN DIABETES INSIPIDUS.

Our ignorance of the functions of the pituitary body was unlimited until it was first studied by Schafer and Oliver in 1895. In 1901 Magnus and Schafer found that extract of the infundibular or posterior lobe of the gland acted as a diuretic, and in 1905 Hering and Schafer proved that this extract dilated the renal arteries while constricting the other arteries of the greater circulation. At the present time many pituitary preparations are on the market—proprietary drugs made for the most part from the posterior part of the gland—and the literature dealing with them is very extensive ; their names are many, including hypophysin, infundibulin and pituglandol. These extracts have been employed in the treatment of anuria or diminution of the renal secretion of urine, apparently

with success. The polyuria which follows operative manipulation or disturbance of the posterior lobe of the pituitary body has been particularly remarked by Cushing, who is inclined to attribute many cases of either transient or lasting polyuria to increased secretory activity of the hypophysis. There can be no doubt, therefore, that polyuria is one of the effects of exhibiting pituitary extracts in both health and certain diseases. Oddly enough, its effect in diabetes insipidus is precisely the opposite, as was pointed out by Francesco of Venice in 1913. This author quoted two patients passing six or eight litres of urine a day, in whom pituitary extract reduced the urinary output to the more moderate figure of one or two litres a day, Rosenfeld has recently put on record two cases of diabetes insipidus in which subcutaneous injections of 0.5 gram of pituglandol much reduced the output of urine. The particular interest of his communication lies in this, that in one instance the concentration of the urinary sodium chloride was much increased when the polyuria disappeared under the influence of the drug, while in the other case it was unaltered. The first patient, a well nourished woman of 38, passed some five litres of urine daily while on a diet containing little sodium chloride. The pituglandol injections reduced the urinary output to from one to two litres a day, while the percentage of sodium chloride in the urine rose from under 0.1 per cent. to 0.2 or 0.3 per cent., the latter figure being reached when more of the salt was added to the diet. The second patient,

a man with cystitis, hypertrophy of the prostate, and renal disease, who was passing from five to seven litres of urine daily, passed a smaller amount of water while treated with pituglandol, without exhibiting any increase in the sodium chloride concentration, but rather the reverse. In the first patient administration of the drug by the rectum did not lessen the polyuria; she was a case of primary polydipsia, no doubt, or, as Rosenfeld puts it, of symptomatic polyuria, for the addition of common salt to her diet did not increase the secretion of urine. The second patient, however, exhibited primary polyuria, or true diabetes insipidus. Rosenfeld had evidence to show that his kidneys were incapable of secreting a more concentrated urine. Rosenfeld also quotes a third patient, a soldier, passing five or six litres of urine a day, on whose polyuria hypophysin and pituglandol were almost without influence. The conclusion reached is that these extracts influence polyuria by acting on some urinary (or polyuric) centre in the floor of the fourth ventricle; the centre diminishes the polyuria by increasing the capacity of the kidneys to secrete a concentrated urine. This action of pituitary extracts is but transient, lasting in favourable cases for only a few days.—
The British Medical Journal,^o August 26, 1916.

NEW BOOK.
JUST OUT.
APPENDICITIS
CURABLE
BY MEDICINE

BY
P. C. MAJUMDAR, M. D.

Price one Rupee ; Postage one Anna.

to be had of

Messrs. THACKER SPINK & Co.,
and at
MAJUMDAR'S HOMEOPATHIC PHARMACY
11 Corporation Street,
CALCUTTA.

Printed by N. L. Chatterje, Indian Press, 37, Madhu Roy Lane,
and published by J. N. Majumdar, M. D., 203-1 Cornwallis Street,
Calcutta.
